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United States Bankruptcy Court Northern District of Illinois					Voluntary Petition	
Name of Debtor (if individual, enter Last, Fir Evans, Shanta R	st, Middle):		Name	of Joint De	ebtor (Spouse	e) (Last, First, Middle):
All Other Names used by the Debtor in the last (include married, maiden, and trade names):	st 8 years		All Ot (include	her Names de married,	used by the I maiden, and	Joint Debtor in the last 8 years I trade names):
Last four digits of Soc. Sec. or Individual-Tax (if more than one, state all)	payer I.D. (ITIN)/Com	plete EIN	Last for	our digits of than one, state	f Soc. Sec. or	r Individual-Taxpayer I.D. (ITIN) No./Complete EI
Street Address of Debtor (No. and Street, City 1302 W Marion St Joliet, IL	, and State):	ZIP Code	Street	Address of	Joint Debtor	r (No. and Street, City, and State): ZIP Code
	Г	60436	1			ZIP Code
County of Residence or of the Principal Place Will	of Business:		Count	y of Reside	ence or of the	e Principal Place of Business:
Mailing Address of Debtor (if different from s	treet address):		Mailin	ng Address	of Joint Debt	tor (if different from street address):
	Γ	ZIP Code				ZIP Code
Location of Principal Assets of Business Debi (if different from street address above):	or					
Type of Debtor (Form of Organization) (Check one box)		of Business		ĺ	-	r of Bankruptcy Code Under Which Petition is Filed (Check one box)
Individual (includes Joint Debtors) See Exhibit D on page 2 of this form. □ Corporation (includes LLC and LLP) □ Partnership □ Other (If debtor is not one of the above entities check this box and state type of entity below.) Chapter 15 Debtors	☐ Health Care Bu ☐ Single Asset Re in 11 U.S.C. § 1 ☐ Railroad ☐ Stockbroker ☐ Commodity Bro ☐ Clearing Bank ☐ Other	eal Estate as de 101 (51B)	efined	Chapt Chapt Chapt Chapt Chapt Chapt	er 9 er 11 er 12	☐ Chapter 15 Petition for Recognition of a Foreign Main Proceeding ☐ Chapter 15 Petition for Recognition of a Foreign Nonmain Proceeding Nature of Debts
Country of debtor's center of main interests: Each country in which a foreign proceeding by, regarding, or against debtor is pending:		the United States	s	defined	d in 11 U.S.C. § ed by an indivi	(Check one box) onsumer debts, § 101(8) as business debts. idual primarily for household purpose."
Filing Fee (Check one b	ox)	Check one			-	pter 11 Debtors
☐ Full Filing Fee attached ☐ Filing Fee to be paid in installments (applicable attach signed application for the court's conside debtor is unable to pay fee except in installment Form 3A. ☐ Filing Fee waiver requested (applicable to chaptattach signed application for the court's considerable to cons	ration certifying that the s. Rule 1006(b). See Office er 7 individuals only). Mu	ial Check if: Deb are l Check all a BB. Accord	otor's aggralless than Sapplicable lan is being eptances	a small busing regate nonco \$2,490,925 (color boxes: ag filed with of the plan w	ness debtor as on ntingent liquida amount subject this petition.	ined in 11 U.S.C. § 101(51D). defined in 11 U.S.C. § 101(51D). lated debts (excluding debts owed to insiders or affiliates) it to adjustment on 4/01/16 and every three years thereafted prepetition from one or more classes of creditors,
Statistical/Administrative Information ☐ Debtor estimates that funds will be availal ☐ Debtor estimates that, after any exempt pr there will be no funds available for distrib	operty is excluded and	administrative		es paid,		THIS SPACE IS FOR COURT USE ONLY
Estimated Number of Creditors	1,000- 5,000 10,000] 5,001- 0,000	50,001- 100,000	OVER 100,000	
Estimated Assets So to \$50,001 to \$100,001 to \$500,001 to \$100,000 to \$100,00	\$1,000,001 \$10,000,001 to \$10 to \$50 million	to \$100 to	00,000,001 \$500 illion	\$500,000,001 to \$1 billion		
Estimated Liabilities	\$1,000,001 \$10,000,001 to \$10 to \$50 million million	to \$100 to		\$500,000,001 to \$1 billion		

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Page 2 Name of Debtor(s): Voluntary Petition Evans, Shanta R (This page must be completed and filed in every case) All Prior Bankruptcy Cases Filed Within Last 8 Years (If more than two, attach additional sheet) Location Case Number: Date Filed: Where Filed: - None -Location Case Number: Date Filed: Where Filed: Pending Bankruptcy Case Filed by any Spouse, Partner, or Affiliate of this Debtor (If more than one, attach additional sheet) Name of Debtor: Case Number: Date Filed: - None -District: Relationship: Judge: Exhibit B Exhibit A (To be completed if debtor is an individual whose debts are primarily consumer debts.) (To be completed if debtor is required to file periodic reports (e.g., I, the attorney for the petitioner named in the foregoing petition, declare that I forms 10K and 10Q) with the Securities and Exchange Commission have informed the petitioner that [he or she] may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available pursuant to Section 13 or 15(d) of the Securities Exchange Act of 1934 under each such chapter. I further certify that I delivered to the debtor the notice and is requesting relief under chapter 11.) required by 11 U.S.C. §342(b). ☐ Exhibit A is attached and made a part of this petition. X /s/ Joseph Weiler June 23, 2015 Signature of Attorney for Debtor(s) (Date) Joseph Weiler 6301154 Exhibit C Does the debtor own or have possession of any property that poses or is alleged to pose a threat of imminent and identifiable harm to public health or safety? Yes, and Exhibit C is attached and made a part of this petition. No. Exhibit D (To be completed by every individual debtor. If a joint petition is filed, each spouse must complete and attach a separate Exhibit D.) Exhibit D completed and signed by the debtor is attached and made a part of this petition. If this is a joint petition: ☐ Exhibit D also completed and signed by the joint debtor is attached and made a part of this petition. Information Regarding the Debtor - Venue (Check any applicable box) Debtor has been domiciled or has had a residence, principal place of business, or principal assets in this District for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other District. There is a bankruptcy case concerning debtor's affiliate, general partner, or partnership pending in this District. Debtor is a debtor in a foreign proceeding and has its principal place of business or principal assets in the United States in this District, or has no principal place of business or assets in the United States but is a defendant in an action or proceeding [in a federal or state court] in this District, or the interests of the parties will be served in regard to the relief sought in this District. Certification by a Debtor Who Resides as a Tenant of Residential Property (Check all applicable boxes) Landlord has a judgment against the debtor for possession of debtor's residence. (If box checked, complete the following.) (Name of landlord that obtained judgment) (Address of landlord) Debtor claims that under applicable nonbankruptcy law, there are circumstances under which the debtor would be permitted to cure the entire monetary default that gave rise to the judgment for possession, after the judgment for possession was entered, and Debtor has included with this petition the deposit with the court of any rent that would become due during the 30-day period after the filing of the petition. Debtor certifies that he/she has served the Landlord with this certification. (11 U.S.C. § 362(1)).

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B1 (Official Form 1)(04/13)

Page 3

Voluntary	Petition
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(This page must be completed and filed in every case)

Signatures

Signature(s) of Debtor(s) (Individual/Joint)

I declare under penalty of perjury that the information provided in this petition is true and correct.

[If petitioner is an individual whose debts are primarily consumer debts and has chosen to file under chapter 7] I am aware that I may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, understand the relief available under each such chapter, and choose to proceed under chapter 7. [If no attorney represents me and no bankruptcy petition preparer signs the petition] I have obtained and read the notice required by 11 U.S.C. §342(b).

I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.

X /s/ Shanta R Evans

Signature of Debtor Shanta R Evans

X.

Signature of Joint Debtor

Telephone Number (If not represented by attorney)

June 23, 2015

Date

Signature of Attorney*

X /s/ Joseph Weiler

Signature of Attorney for Debtor(s)

Joseph Weiler 6301154

Printed Name of Attorney for Debtor(s)

Robert J. Semrad & Associates, LLC

Firm Name

20 S. Clark Street

28th Floor

Chicago, IL 60603

Address

Email: rsemrad@robertjsemrad.com

(312) 913 0625 Fax: (312) 913 0631

Telephone Number

June 23, 2015

Date

*In a case in which § 707(b)(4)(D) applies, this signature also constitutes a certification that the attorney has no knowledge after an inquiry that the information in the schedules is incorrect.

Signature of Debtor (Corporation/Partnership)

I declare under penalty of perjury that the information provided in this petition is true and correct, and that I have been authorized to file this petition on behalf of the debtor.

The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.

X

Signature of Authorized Individual

Printed Name of Authorized Individual

Title of Authorized Individual

Date

Signature of a Foreign Representative

I declare under penalty of perjury that the information provided in this petition is true and correct, that I am the foreign representative of a debtor in a foreign proceeding, and that I am authorized to file this petition.

(Check only one box.)

Name of Debtor(s): Evans, Shanta R

- ☐ I request relief in accordance with chapter 15 of title 11. United States Code. Certified copies of the documents required by 11 U.S.C. §1515 are attached.
- ☐ Pursuant to 11 U.S.C. §1511, I request relief in accordance with the chapter of title 11 specified in this petition. A certified copy of the order granting recognition of the foreign main proceeding is attached.

X

Signature of Foreign Representative

Printed Name of Foreign Representative

Date

Signature of Non-Attorney Bankruptcy Petition Preparer

I declare under penalty of perjury that: (1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110; (2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. §§ 110(b), 110(h), and 342(b); and, (3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110(h) setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor, as required in that section. Official Form 19 is attached.

Printed Name and title, if any, of Bankruptcy Petition Preparer

Social-Security number (If the bankrutpcy petition preparer is not an individual, state the Social Security number of the officer, principal, responsible person or partner of the bankruptcy petition preparer.)(Required by 11 U.S.C. § 110.)

 \mathbf{v}

Date

Address

Signature of bankruptcy petition preparer or officer, principal, responsible person, or partner whose Social Security number is provided above.

Names and Social-Security numbers of all other individuals who prepared or assisted in preparing this document unless the bankruptcy petition preparer is not an individual:

If more than one person prepared this document, attach additional sheets conforming to the appropriate official form for each person.

A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both. 11 U.S.C. §110; 18 U.S.C. §156.

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B 1D (Official Form 1, Exhibit D) (12/09)

United States Bankruptcy Court Northern District of Illinois

In re	Shanta R Evans		Case No.	
		Debtor(s)	Chapter	7

EXHIBIT D - INDIVIDUAL DEBTOR'S STATEMENT OF COMPLIANCE WITH CREDIT COUNSELING REQUIREMENT

Warning: You must be able to check truthfully one of the five statements regarding credit counseling listed below. If you cannot do so, you are not eligible to file a bankruptcy case, and the court can dismiss any case you do file. If that happens, you will lose whatever filing fee you paid, and your creditors will be able to resume collection activities against you. If your case is dismissed and you file another bankruptcy case later, you may be required to pay a second filing fee and you may have to take extra steps to stop creditors' collection activities.

Every individual debtor must file this Exhibit D. If a joint petition is filed, each spouse must complete and file a separate Exhibit D. Check one of the five statements below and attach any documents as directed.

- 1. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, and I have a certificate from the agency describing the services provided to me. *Attach a copy of the certificate and a copy of any debt repayment plan developed through the agency*.
- □ 2. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, but I do not have a certificate from the agency describing the services provided to me. You must file a copy of a certificate from the agency describing the services provided to you and a copy of any debt repayment plan developed through the agency no later than 14 days after your bankruptcy case is filed.
- □ 3. I certify that I requested credit counseling services from an approved agency but was unable to obtain the services during the seven days from the time I made my request, and the following exigent circumstances merit a temporary waiver of the credit counseling requirement so I can file my bankruptcy case now. [Summarize exigent circumstances here.]

If your certification is satisfactory to the court, you must still obtain the credit counseling briefing within the first 30 days after you file your bankruptcy petition and promptly file a certificate from the agency that provided the counseling, together with a copy of any debt management plan developed through the agency. Failure to fulfill these requirements may result in dismissal of your case. Any extension of the 30-day deadline can be granted only for cause and is limited to a maximum of 15 days. Your case may also be dismissed if the court is not satisfied with your reasons for filing your bankruptcy case without first receiving a credit counseling briefing.

☐ 4. I am not required to receive a credit counseling briefing because of: [Check the applicable statement.] [Must be accompanied by a motion for determination by the court.]

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B 1D (Official Form 1, Exhibit D) (12/09) - Cont.	Page 2			
□ Incapacity. (Defined in 11 U.S.C. § 109(h)(4) as impaired by reason of mental illness or m deficiency so as to be incapable of realizing and making rational decisions with respect to financial responsibilities.); □ Disability. (Defined in 11 U.S.C. § 109(h)(4) as physically impaired to the extent of being unable, after reasonable effort, to participate in a credit counseling briefing in person, by telephone, of through the Internet.); □ Active military duty in a military combat zone. □ 5. The United States trustee or bankruptcy administrator has determined that the credit counseling requirement of 11 U.S.C. § 109(h) does not apply in this district.				
I certify under penalty of perjury that the	information provided above is true and correct.			
Signature of Debtor:	/s/ Shanta R Evans Shanta R Evans			
Date: June 23, 2015				

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B6 Summary (Official Form 6 - Summary) (12/14)

United States Bankruptcy Court Northern District of Illinois

In re	Shanta R Evans		Case No	
_		Debtor	,	
			Chapter	7
			•	

SUMMARY OF SCHEDULES

Indicate as to each schedule whether that schedule is attached and state the number of pages in each. Report the totals from Schedules A, B, D, E, F, I, and J in the boxes provided. Add the amounts from Schedules A and B to determine the total amount of the debtor's assets. Add the amounts of all claims from Schedules D, E, and F to determine the total amount of the debtor's liabilities. Individual debtors must also complete the "Statistical Summary of Certain Liabilities and Related Data" if they file a case under chapter 7, 11, or 13.

NAME OF SCHEDULE	ATTACHED (YES/NO)	NO. OF SHEETS	ASSETS	LIABILITIES	OTHER
A - Real Property	Yes	1	0.00		
B - Personal Property	Yes	3	21,401.09		
C - Property Claimed as Exempt	Yes	1			
D - Creditors Holding Secured Claims	Yes	1		650.00	
E - Creditors Holding Unsecured Priority Claims (Total of Claims on Schedule E)	Yes	1		0.00	
F - Creditors Holding Unsecured Nonpriority Claims	Yes	12		76,675.99	
G - Executory Contracts and Unexpired Leases	Yes	1			
H - Codebtors	Yes	1			
I - Current Income of Individual Debtor(s)	Yes	2			1,210.65
J - Current Expenditures of Individual Debtor(s)	Yes	2			1,200.00
Total Number of Sheets of ALL Schedu	ıles	25			
	T	otal Assets	21,401.09		
			Total Liabilities	77,325.99	

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B 6 Summary (Official Form 6 - Summary) (12/14)

United States Bankruptcy Court Northern District of Illinois

In re	Shanta R Evans		Case No.	
		Debtor	,	
			Chapter	7
			=	

STATISTICAL SUMMARY OF CERTAIN LIABILITIES AND RELATED DATA (28 U.S.C. § 159)

If you are an individual debtor whose debts are primarily consumer debts, as defined in § 101(8) of the Bankruptcy Code (11 U.S.C.§ 101(8)), filing a case under chapter 7, 11 or 13, you must report all information requested below.

☐ Check this box if you are an individual debtor whose debts are NOT primarily consumer debts. You are not required to report any information here.

This information is for statistical purposes only under 28 U.S.C. § 159. Summarize the following types of liabilities, as reported in the Schedules, and total them.

Type of Liability	Amount
Domestic Support Obligations (from Schedule E)	0.00
Taxes and Certain Other Debts Owed to Governmental Units (from Schedule E)	0.00
Claims for Death or Personal Injury While Debtor Was Intoxicated (from Schedule E) (whether disputed or undisputed)	0.00
Student Loan Obligations (from Schedule F)	25,702.00
Domestic Support, Separation Agreement, and Divorce Decree Obligations Not Reported on Schedule E	0.00
Obligations to Pension or Profit-Sharing, and Other Similar Obligations (from Schedule F)	0.00
TOTAL	25,702.00

State the following:

Average Income (from Schedule I, Line 12)	1,210.65
Average Expenses (from Schedule J, Line 22)	1,200.00
Current Monthly Income (from Form 22A-1 Line 11; OR, Form 22B Line 14; OR, Form 22C-1 Line 14)	1,942.25

State the following:

Total from Schedule D, "UNSECURED PORTION, IF ANY" column		0.00
2. Total from Schedule E, "AMOUNT ENTITLED TO PRIORITY" column	0.00	
3. Total from Schedule E, "AMOUNT NOT ENTITLED TO PRIORITY, IF ANY" column		0.00
4. Total from Schedule F		76,675.99
5. Total of non-priority unsecured debt (sum of 1, 3, and 4)		76,675.99

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B6A (Official Form 6A) (12/07)

In re	Shanta R Evans	Case No
-		Debtor ,

SCHEDULE A - REAL PROPERTY

Except as directed below, list all real property in which the debtor has any legal, equitable, or future interest, including all property owned as a cotenant, community property, or in which the debtor has a life estate. Include any property in which the debtor holds rights and powers exercisable for the debtor's own benefit. If the debtor is married, state whether husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor holds no interest in real property, write "None" under "Description and Location of Property."

Do not include interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.

If an entity claims to have a lien or hold a secured interest in any property, state the amount of the secured claim. See Schedule D. If no entity claims to hold a secured interest in the property, write "None" in the column labeled "Amount of Secured Claim." If the debtor is an individual or if a joint petition is filed, state the amount of any exemption claimed in the property only in Schedule C - Property Claimed as Exempt.

Description and Location of Property

Nature of Debtor's Interest in Property

Nature of Debtor's Wife, Joint, or Community

Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption

Amount of Secured Claim

None

Sub-Total > 0.00 (Total of this page)

Total > 0.00

(Report also on Summary of Schedules)

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B6B (Official Form 6B) (12/07)

	01		
In re	Shanta R Evans	Case No	
-			
		Debtor	

SCHEDULE B - PERSONAL PROPERTY

Except as directed below, list all personal property of the debtor of whatever kind. If the debtor has no property in one or more of the categories, place an "x" in the appropriate position in the column labeled "None." If additional space is needed in any category, attach a separate sheet properly identified with the case name, case number, and the number of the category. If the debtor is married, state whether husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor is an individual or a joint petition is filed, state the amount of any exemptions claimed only in Schedule C - Property Claimed as Exempt.

Do not list interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.

If the property is being held for the debtor by someone else, state that person's name and address under "Description and Location of Property." If the property is being held for a minor child, simply state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

	Type of Property	N O N E	Description and Location of Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property without Deducting any Secured Claim or Exemption
1.	Cash on hand	Χ			
2.	Checking, savings or other financial accounts, certificates of deposit, or shares in banks, savings and loan, thrift, building and loan, and homestead associations, or credit unions, brokerage houses, or cooperatives.	Chase	e-Checking	-	1.09
3.	Security deposits with public utilities, telephone companies, landlords, and others.	Residi	ential Lease Security Deposit	-	1,000.00
4.	Household goods and furnishings, including audio, video, and computer equipment.	Used I	Furniture and Household Goods	-	350.00
5.	Books, pictures and other art objects, antiques, stamp, coin, record, tape, compact disc, and other collections or collectibles.	X			
6.	Wearing apparel.	Used (Clothes	-	450.00
7.	Furs and jewelry.	Χ			
8.	Firearms and sports, photographic, and other hobby equipment.	X			
9.	Interests in insurance policies. Name insurance company of each policy and itemize surrender or refund value of each.	X			
10	Annuities. Itemize and name each issuer.	X			
				Sub-Tota	al > 1,801.09

2 continuation sheets attached to the Schedule of Personal Property

(Total of this page)

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B6B (Official Form 6B) (12/07) - Cont.

In re	Shanta R Evans	Case No.
_		

Debtor

SCHEDULE B - PERSONAL PROPERTY (Continuation Sheet)

	Type of Property	N O N E	Description and Location of Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property without Deducting any Secured Claim or Exemption
11.	Interests in an education IRA as defined in 26 U.S.C. § 530(b)(1) or under a qualified State tuition plan as defined in 26 U.S.C. § 529(b)(1). Give particulars. (File separately the record(s) of any such interest(s). 11 U.S.C. § 521(c).)	X			
12.	Interests in IRA, ERISA, Keogh, or other pension or profit sharing plans. Give particulars.	401k thi	rough Work	-	1,000.00
13.	Stock and interests in incorporated and unincorporated businesses. Itemize.	X			
14.	Interests in partnerships or joint ventures. Itemize.	X			
15.	Government and corporate bonds and other negotiable and nonnegotiable instruments.	X			
16.	Accounts receivable.	X			
17.	Alimony, maintenance, support, and property settlements to which the debtor is or may be entitled. Give particulars.	Back Ur	npaid Child Support	-	13,000.00
18.	Other liquidated debts owed to debtor including tax refunds. Give particulars.	X			
19.	Equitable or future interests, life estates, and rights or powers exercisable for the benefit of the debtor other than those listed in Schedule A - Real Property.	X			
20.	Contingent and noncontingent interests in estate of a decedent, death benefit plan, life insurance policy, or trust.	X			
21.	Other contingent and unliquidated claims of every nature, including tax refunds, counterclaims of the debtor, and rights to setoff claims. Give estimated value of each.	X			
			(7)	Sub-Tota Total of this page)	al > 14,000.00

Sheet 1 of 2 continuation sheets attached to the Schedule of Personal Property

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B6B (Official Form 6B) (12/07) - Cont.

In re	Shanta R Evans	Case No
		•

Debtor

SCHEDULE B - PERSONAL PROPERTY

(Continuation Sheet)

	Type of Property	N O N E	Description and Location of Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption
22.	Patents, copyrights, and other intellectual property. Give particulars.	Х			
23.	Licenses, franchises, and other general intangibles. Give particulars.	X			
24.	Customer lists or other compilations containing personally identifiable information (as defined in 11 U.S.C. § 101(41A)) provided to the debtor by individuals in connection with obtaining a product or service from the debtor primarily for personal, family, or household purposes.	X			
25.	Automobiles, trucks, trailers, and	20	004 Pontiac Grand Prix-144,000 miles	-	2,425.00
	other vehicles and accessories.	20	004 Chevrolet Tahoe-244,000 Miles	-	3,175.00
26.	Boats, motors, and accessories.	Χ			
27.	Aircraft and accessories.	Χ			
28.	Office equipment, furnishings, and supplies.	X			
29.	Machinery, fixtures, equipment, and supplies used in business.	X			
30.	Inventory.	Χ			
31.	Animals.	Χ			
32.	Crops - growing or harvested. Give particulars.	X			
33.	Farming equipment and implements.	X			
34.	Farm supplies, chemicals, and feed.	Χ			
35.	Other personal property of any kind not already listed. Itemize.	Х			

Sub-Total > 5,600.00 (Total of this page) 21,401.09

Total >

Sheet 2 of 2 continuation sheets attached to the Schedule of Personal Property

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B6C (Official Form 6C) (4/13)

In re	Shanta R Evans	Case No.
•		Debtor ,

SCHEDULE C - PROPERTY CLAIMED AS EXEMPT

Debtor claims the exemptions to which debtor is entitled under:

(Check one box)

11 U.S.C. §522(b)(2)

11 U.S.C. §522(b)(3)

Check if debtor claims a homestead exemption that exceeds \$155,675. (Amount subject to adjustment on 4/1/16, and every three years thereafter with respect to cases commenced on or after the date of adjustment.)

Description of Property	Specify Law Providing Each Exemption	Value of Claimed Exemption	Current Value of Property Without Deducting Exemption
Checking, Savings, or Other Financial Accounts, Certif Chase-Checking	icates of Deposit 735 ILCS 5/12-1001(b)	1.09	1.09
Security Deposits with Utilities, Landlords, and Others Residiential Lease Security Deposit	735 ILCS 5/12-1001(b)	1,000.00	1,000.00
<u>Household Goods and Furnishings</u> Used Furniture and Household Goods	735 ILCS 5/12-1001(b)	350.00	350.00
Wearing Apparel Used Clothes	735 ILCS 5/12-1001(a)	450.00	450.00
Interests in IRA, ERISA, Keogh, or Other Pension or P 401k through Work	rofit Sharing Plans 735 ILCS 5/12-1006	1,000.00	1,000.00
Alimony, Maintenance, Support, and Property Settleme Back Unpaid Child Support	<u>ents</u> 735 ILCS 5/12-1001(g)(4)	13,000.00	13,000.00
Automobiles, Trucks, Trailers, and Other Vehicles 2004 Pontiac Grand Prix-144,000 miles	735 ILCS 5/12-1001(b)	1,775.00	2,425.00
2004 Chevrolet Tahoe-244,000 Miles	735 ILCS 5/12-1001(c) 735 ILCS 5/12-1001(b)	2,400.00 775.00	3,175.00

T + 1	20 751 09	21 401 09
Total:	70 751 09	71 401 09

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B6D (Official Form 6D) (12/07)

In re	Shanta R Evans		Case No.	
-		Debtor		

SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number of all entities holding claims secured by property of the debtor as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. List creditors holding all types of secured interests such as judgment liens, garnishments, statutory liens, mortgages, deeds of trust, and other security interests.

other security interests.

List creditors in alphabetical order to the extent practicable. If a minor child is a creditor, the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). If all secured creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor", include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H", "W", "J", or "C" in the column labeled "Husband, Wife, Joint, or Community".

If the claim is contingent, place an "X" in the column labeled "Contingent". If the claim is unliquidated, place an "X" in the column labeled "Unliquidated". If the claim is disputed, place an "X" in the column labeled "Unliquidated". (You may need to place an "X" in more than one of these three columns.)

Total the columns labeled "Amount of Claim Without Deducting Value of Collateral" and "Unsecured Portion, if Any" in the boxes labeled "Total(s)" on the last sheet of the completed schedule. Report the total from the column labeled "Amount of Claim" also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report the total from the column labeled "Unsecured Portion" on the Statistical Summary of Certain Liabilities and Related Data.

Check this box if debtor has no creditors holding secured claims to report on this Schedule D.

Check this box if debtor has no creditors holding secured claims to report on this Schedule D.

	16	Ι		T ~ I	- 11	Г	A MOUNTE OF	
CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	Hu H C	sband, Wife, Joint, or Community DATE CLAIM WAS INCURRED, NATURE OF LIEN, AND DESCRIPTION AND VALUE OF PROPERTY SUBJECT TO LIEN	CO N H _ N G H N	UNLIQUIDA	DISPUTED	AMOUNT OF CLAIM WITHOUT DEDUCTING VALUE OF COLLATERAL	UNSECURED PORTION, IF ANY
Account No.			Title Loan	Т	A T E D			
Titlemax 1701 N Larkin Crest Hill, IL 60403		_	2004 Pontiac Grand Prix-144,000 miles Value \$ 2,425.00		D		650.00	0.00
Account No.			Value \$ 2,425.00	Н		H	650.00	0.00
Account No.			Value \$					
			Value \$	$\ \ $				
Account No.			value y					
			Value \$	$\mid \cdot \mid$				
continuation sheets attached	<u></u>	I	L · · · · · · · · · · · · · · · · · · ·	l lubt nis p			650.00	0.00
			(Report on Summary of Sc		ota ule		650.00	0.00

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B6E (Official Form 6E) (4/13)

•		
In re	Shanta R Evans	Case No
-		Debtor

SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS

A complete list of claims entitled to priority, listed separately by type of priority, is to be set forth on the sheets provided. Only holders of unsecured claims entitled to priority should be listed in this schedule. In the boxes provided on the attached sheets, state the name, mailing address, including zip code, and last four digits of the account number, if any, of all entities holding priority claims against the debtor or the property of the debtor, as of the date of the filing of the petition. Use a separate continuation sheet for each type of priority and label each with the type of priority.

The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H-Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of claims listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all claims listed on this Schedule E in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules.

Report the total of amounts entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total

^{*} Amount subject to adjustment on 4/01/16, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

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B6F (Official Form 6F) (12/07)

In re	Shanta R Evans	Case No.
		Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number, of all entities holding unsecured claims without priority against the debtor or the property of the debtor, as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). Do not include claims listed in Schedules D and E. If all creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of all claims listed on this schedule in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report this total also on the Statistical Summary of Certain Liabilities and Related Data.

☐ Check this box if debtor has no creditors holding unsecured claims to report on this Schedule F.

CREDITOR'S NAME,	C	Н	usband, Wife, Joint, or Community		C	U	D	
MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	C A M		ID AIM E.	ONT I NGENT	Z L Q U L D 4	DISPUTED	AMOUNT OF CLAIM
Account No. xx9433			Med1 02 Partners In Obstetrics Women		T	D A T E D		
A/r Concepts 18-3 E Dundee Rd Barrington, IL 60010		-						616.00
Account No. xxxxxxxxxxx0001	+	+	Opened 5/01/08 Last Active 3/01/10					5.5.5
Aes/pheaafrn Po Box 61047 Harrisburg, PA 17106		-	Educational					5,750.00
Account No. xxxxxxxxxxxxx0002 Aes/pheaafrn Po Box 61047 Harrisburg, PA 17106		-	Opened 5/01/08 Last Active 3/01/10 Educational					
Account No. vanna 7245	4	\downarrow	Opened 44/04/42					4,096.00
Account No. xxxxxx7315 Afni, Inc. Po Box 3097 Bloomington, IL 61702		-	Opened 11/01/12 Collection Attorney At T					153.00
		•	(1	S Fotal of th		tota pag		10,615.00

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B6F (Official Form 6F) (12/07) - Cont.

In re	Shanta R Evans	Case No.	
_		Debtor	

		1		1.	1	-	
CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	C A H	CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGEN	UZLLQULDATED	DISPUTED	AMOUNT OF CLAIM
Account No. xxxx3802			04 Illinois Tollway Authority	T	E		
Arnoldharris 111 West Jackson B Chicago, IL 60604		-					356.00
Account No. xxxx7818	t	H	Opened 1/01/13	+	\vdash	H	
Calvary Portfolio Services Attention: Bankruptcy Department 500 Summit Lake Dr. Suite 400 Valhalla, NY 10595		-	Collection Attorney Hsbc Bank Nevada				540.00
Account No. xxxxxxxx3450	┞	┝	Opened 5/01/13	+	\vdash	⊢	0 10.00
Cda/pontiac Attn:Bankruptcy Po Box 213 Streator, IL 61364		-	Collection Attorney Assoc. Pathologists Of Joliet				229.00
Account No. xxxxxxxx3028		H	Opened 11/01/13	+		H	
Cda/pontiac Attn:Bankruptcy Po Box 213 Streator, IL 61364		-	Collection Attorney Assoc. Pathologists Of Joliet				160.00
Account No. xxxxxxxx0865	H		Opened 3/01/12	+	H	\vdash	
Cda/pontiac Attn:Bankruptcy Po Box 213 Streator, IL 61364		_	Collection Attorney City Of Joliet/Parking				80.00
Sheet no. 1 of 11 sheets attached to Schedule of	_		l	Sub	tota	ıl	1 265 00
Creditors Holding Unsecured Nonpriority Claims			(Total of	this	pag	ge)	1,365.00

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B6F (Official Form 6F) (12/07) - Cont.

In re	Shanta R Evans	Case No.	_
_		Debtor	

$\begin{array}{c} \textbf{SCHEDULE F-CREDITORS\ HOLDING\ UNSECURED\ NONPRIORITY\ CLAIMS} \\ \text{(Continuation\ Sheet)} \end{array}$

	10	111.	shood Wife Island on Occasionity	10	1	15	ı
CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	H W J	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGEN	ONLIQUIDATE	SPUTE	AMOUNT OF CLAIM
Account No. xxxxxx4813			Opened 8/18/13 Last Active 5/01/15	٦т	E		
Cr England 4701 W 2100 South Salt Lake City, UT 84120		-	Educational		D		4,026.00
Account No.	╁		Unsecured Debt	+			
Eagle Atlantic Financial Services P O Box 27601 Salt Lake City, UT 84127		-					3,894.99
Account No. xxxx4319			Opened 7/01/14				
ER Solutions/Convergent Outsourcing, INC Po Box 9004 Renton, WA 98057		-	Collection Attorney Comcast				329.00
Account No. xxxx4894	t		Opened 10/01/13				
Escallate Llc 5200 Stoneham Rd North Canton, OH 44720		-	Collection Attorney Emp Of Will County Llc				690.00
Account No. xxxxxxxxxxxx0002	f		Opened 2/01/11 Last Active 5/31/15	+	\vdash		
Fed Loan Serv Po Box 60610 Harrisburg, PA 17106		-	Educational				3,705.00
Sheet no. 2 of 11 sheets attached to Schedule of		_		Sub	tota	ıl	12,644.99
Creditors Holding Unsecured Nonpriority Claims			(Total of	this	pag	ge)	12,044.99

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B6F (Official Form 6F) (12/07) - Cont.

In re	Shanta R Evans	Case No
-		Debtor

	_	ш	sband, Wife, Joint, or Community	16	1	L	T
CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	H W J C	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	COXFLXGEXF	L Q	DISPUTED	AMOUNT OF CLAIM
Account No. xxxxxxxxxxxx0003			Opened 9/01/12 Last Active 5/31/15	٦	E		
Fed Loan Serv Po Box 60610 Harrisburg, PA 17106		-	Educational		D		2,743.00
Account No. xxxxxxxxxxxx0004			Opened 9/01/12 Last Active 5/31/15	+			
Fed Loan Serv Po Box 60610 Harrisburg, PA 17106		-	Educational				2,451.00
Account No. xxxxxxxxxxxxx0001 Fed Loan Serv Po Box 60610 Harrisburg, PA 17106		_	Opened 2/01/11 Last Active 5/31/15 Educational				
							1,886.00
Account No. xxxxxxxxxxxxxx0005 Fed Loan Serv Po Box 60610 Harrisburg, PA 17106		-	Opened 3/01/13 Last Active 5/31/15 Educational				1,045.00
Account No. xxxx3332			Opened 4/01/12 Collection Attorney Directv				1,010.00
First National Collect 610 Waltham Way Sparks, NV 89434		-	·				75.00
Shoot no. 2 of 44 shoots attached to Saladalla of				C1-	tot-		75.00
Sheet no. <u>3</u> of <u>11</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims			(Total of	Sub this			8,200.00

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In re	Shanta R Evans	Case No	
		Debtor	

	_	1		٠.			_	
CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	Hu H W J C	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.		0 1	UNLIQUIDATED	DLSPUFED	AMOUNT OF CLAIM
Account No. xxxxxxxxxxx4322			Opened 11/01/09 Last Active 7/05/12	1		T E		
First Premier Bank 3820 N Louise Ave Sioux Falls, SD 57107		-	Credit Card			D		474.00
Account No. 2014 SC 002193			Judgment		t	+		
Gateway Financial Inc c/o Robert Walinski 221 N LaSalle St Ste 1000 Chicago, IL 60601		-						0.00
Account No. xxxxx3705 Gatewyfinsol Po Box 3257 Saginaw, MI 48605		-	Opened 2/19/13 Last Active 1/31/14 Automobile					8,887.00
Account No. xxxxxxxxxxxx0001	_		Opened 2/02/13 Last Active 11/14/14	+	+	+		0,007.00
Gatewyfinsol Po Box 3257 Saginaw, MI 48605		-	Automobile					8,673.00
Account No. 12-LM-003583			Dismissed		\dagger	\dagger		
Lighthouse Financial c/o Darren Besic 5 East Wilson St Batavia, IL 60510		-						0.00
Sheet no. 4 of 11 sheets attached to Schedule of				Su	bto	tal		10.001.00
Creditors Holding Unsecured Nonpriority Claims			(Total o	f this	s pa	age	;)	18,034.00

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In re	Shanta R Evans	Case No.	
_		Debtor	

		1		-	1	-	
CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	H W J C	CONSIDERATION FOR CLAIM. IF CLAIM	CONTINGEN	UNLIQUIDA	DISPUTED	AMOUNT OF CLAIM
Account No. xxxx4217			Opened 4/01/13	T	D A T E D		
Med Business Bureau Po Box 1219 Park Ridge, IL 60068		-	Collection Attorney Med1 02 Em Strategies		В		740.00
Account No. xxxxx1524	╁	+	Opened 4/01/12	+	╁	H	
Med Business Bureau Po Box 1219 Park Ridge, IL 60068		-	Collection Attorney Med1 02 Em Strategies				
							712.00
Account No. xxxxx1729 Med Business Bureau Po Box 1219 Park Ridge, IL 60068		_	Opened 10/01/11 Collection Attorney Med1 02 Em Strategies				477.00
Account No. xxxxx2546	t	t	Opened 12/01/09	+		\vdash	
Med Business Bureau Po Box 1219 Park Ridge, IL 60068		_	Collection Attorney Med1 02 Em Strategies				424.00
Account No. xxxxx1404		t	Opened 5/01/11	+			
Med Business Bureau Po Box 1219 Park Ridge, IL 60068		-	Collection Attorney Med1 02 Em Strategies				408.00
Sheet no5 of _11_ sheets attached to Schedule of	_	_	1	Sub	tota	ıl	
Creditors Holding Unsecured Nonpriority Claims			(Total of	this	pag	ge)	2,761.00

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B6F (Official Form 6F) (12/07) - Cont.

In re	Shanta R Evans	Case No.	
_		Debtor	

				-	1	1-	Г
CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	Hu: H W J	sband, Wife, Joint, or Community DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGEN	UNLIQUIDATED	I S P	AMOUNT OF CLAIM
Account No. xxxx4342			Opened 8/01/14	T	E		
Med Business Bureau Po Box 1219 Park Ridge, IL 60068		-	Collection Attorney Med1 02 Em Strategies		D		364.00
Account No. xxxx4417			Opened 2/01/14				
Med Business Bureau Po Box 1219 Park Ridge, IL 60068		-	Collection Attorney Med1 02 Em Strategies				350.00
1040	L		0 140/04/44	-		_	350.00
Account No. xxxxx1618 Med Business Bureau Po Box 1219 Park Ridge, IL 60068		-	Opened 12/01/11 Collection Attorney Med1 02 Em Strategies				319.00
Account No. xxxxx1403			Opened 5/01/11	\dagger			
Med Business Bureau Po Box 1219 Park Ridge, IL 60068		-	Collection Attorney Med1 02 Em Strategies				284.00
Account No. xxxxxxxxxxx9401	┢		Opened 12/01/13	+	\vdash		
Med Business Bureau Po Box 1219 Park Ridge, IL 60068		-	Collection Attorney Med1 02 Allied Anesthesia Assoc				251.00
Sheet no. 6 of 11 sheets attached to Schedule of				Sub	tota	ıl	
Creditors Holding Unsecured Nonpriority Claims			(Total of				1,568.00

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In re	Shanta R Evans	Case No
-		Debtor

CDEDITODIC NAME	С	Hu	sband, Wife, Joint, or Community	C	U	D	
CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	C H H	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	NT I NG E N	NLIQUIDAT	U T F	AMOUNT OF CLAIM
Account No. xxxxx1619			Opened 12/01/11	Т	ΙE		
Med Business Bureau Po Box 1219 Park Ridge, IL 60068		_	Collection Attorney Med1 02 Em Strategies		D		50.00
Account No. xxxxx1731	┝		Opened 10/01/11	+	+	╁	
Med Business Bureau Po Box 1219 Park Ridge, IL 60068		_	Collection Attorney Med1 02 Em Strategies				50.00
Account No. xxx0875			Opened 1/01/15	\top	T		
Mrsi 2250 E Devon Ave Ste 352 Des Plaines, IL 60018		_	Collection Attorney Silver Cross Hospital Hs				1,457.00
Account No. xxx0714	t		Opened 1/01/15		T	\vdash	
Mrsi 2250 E Devon Ave Ste 352 Des Plaines, IL 60018		-	Collection Attorney Silver Cross Hospital Hs				930.00
Account No. xxx0892	\vdash		Opened 1/01/15	+	\dagger	\vdash	
Mrsi 2250 E Devon Ave Ste 352 Des Plaines, IL 60018		-	Collection Attorney Silver Cross Hospital Hs				735.00
Sheet no. 7 of 11 sheets attached to Schedule of		_		Sub	tota	ıl	2 222 22
Creditors Holding Unsecured Nonpriority Claims			(Total o	this	pag	ge)	3,222.00

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In re	Shanta R Evans	Case No
-		Debtor

				_			
CREDITOR'S NAME,	CODEBTO	Hus	sband, Wife, Joint, or Community	CONT	U N	DISPUTED	
MAILING ADDRESS	Ď	Н	DATE OF AIM WAS INCUIDDED AND	Ň	ĮΕ̈́	S	
INCLUDING ZIP CODE,	l E	W	DATE CLAIM WAS INCURRED AND		ľ	۱u	
AND ACCOUNT NUMBER	Ţ	J	CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	N	Ū	Ť	AMOUNT OF CLAIM
(See instructions above.)	R	С	is subject to setore, so state.	NGEN	b	D	
Account No. xx1603			12 Renatus Llc	٦	ΙĖ		
	1			\perp	D		
Omega Rms	l						
7505 W Tiffany Spr		-					
Kansas City, MO 64153	l						
Than said only, and other	l						
							2,311.00
Account No.			Unsecured Debt			H	
	1						
Security Finance	l						
2222 Plainfield Rd # B,	l	_					
Crest Hill, IL 60403	l						
Crest filli, iL 00403							
	l						
							800.00
Account No. xxxxxxxxxx0001			Opened 12/01/10 Last Active 8/31/13	\top	T		
	ł						
Verizon							
500 Technology Dr		L					
•	l						
Ste 550							
Weldon Spring, MO 63304							
							2,436.00
Account No. xx4729	┢		Opened 9/01/14	\top	T		
The same in the sa	ł		Collection Attorney Silver Cross Hospital				
Vision Financial Convi			Conconstituting Silver Cross Hospital				
Vision Financial Servi	l						
1900 W Severs Rd	l	-					
La Porte, IN 46350							
	l						
							2,443.00
Account No. xx8020	┢	H	Opened 2/01/15	+	t	\vdash	
TABLE THE ANODES	ł		Collection Attorney Silver Cross Hospital				
Vision Financial Servi	l		Series Silving Silver Grood Floopilar		1		
	l				1		
1900 W Severs Rd	l	-			1		
La Porte, IN 46350							
	l						
							2,317.00
Sheet no. <u>8</u> of <u>11</u> sheets attached to Schedule of	_			Sub	tota	ıl	
Creditors Holding Unsecured Nonpriority Claims			(Total of				10,307.00
Creations froming Onsecuted Nonphority Claims			(10tal 01	uIIS	pag	50)	

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In re	Shanta R Evans	Case No
-		Debtor

	_	ш.,	sband, Wife, Joint, or Community	Tc	υ	Г	
CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	H W J C	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGEN	N L Q U L	DISPUTED	AMOUNT OF CLAIM
Account No. xx7138			Opened 1/01/13	Ϊ̈	D A T E D		
Vision Financial Servi 1900 W Severs Rd La Porte, IN 46350		-	Collection Attorney Silver Cross Hospital		D		1,389.00
Account No. xx3135			Opened 3/01/12	+			<u> </u>
Vision Financial Servi 1900 W Severs Rd La Porte, IN 46350		-	Collection Attorney Silver Cross Hospital				1,077.00
Account No. xx5337	_		Opened 4/01/13	+			1,077.00
Vision Financial Servi 1900 W Severs Rd La Porte, IN 46350		-	Collection Attorney Silver Cross Hospital				876.00
Account No. xx7688			Opened 12/01/10	+		\vdash	
Vision Financial Servi 1900 W Severs Rd La Porte, IN 46350		-	Collection Attorney Silver Cross Hospital				872.00
Account No. xx3073			Opened 3/01/13	+			
Vision Financial Servi 1900 W Severs Rd La Porte, IN 46350		-	Collection Attorney Silver Cross Hospital				780.00
Sheet no9 of _11_ sheets attached to Schedule of				Sub			4,994.00
Creditors Holding Unsecured Nonpriority Claims			(Total of	this	pag	ge)	1,001.00

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In re	Shanta R Evans	Case No.	
_		Debtor	

	1.	1				1	-	
CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	H W		AIM	CONTINGEN	DZLLQULDA	DISPUTED	AMOUNT OF CLAIM
Account No. xx3873			Opened 2/01/13		Т	D A T E D		
Vision Financial Servi 1900 W Severs Rd La Porte, IN 46350		-	Collection Attorney Silver Cross Hospital			D		651.00
Account No. xx3048	╀	╁	Opened 3/01/13				Н	
Vision Financial Servi 1900 W Severs Rd La Porte, IN 46350		-	Collection Attorney Silver Cross Hospital					
								608.00
Account No. xx0787 Vision Financial Servi 1900 W Severs Rd La Porte, IN 46350		-	Opened 7/01/12 Collection Attorney Silver Cross Hospital					584.00
Account No. xx9536	╁	+	Opened 11/01/14				H	
Vision Financial Servi 1900 W Severs Rd La Porte, IN 46350		-	Collection Attorney Silver Cross Hospital					404.00
Account No. xx4982	+	\vdash	Opened 6/01/14			\vdash	\vdash	
Vision Financial Servi 1900 W Severs Rd La Porte, IN 46350		-	Collection Attorney Silver Cross Hospital					370.00
Sheet no10_ of _11_ sheets attached to Schedule of			I	S	ubi	tota	ıl	
Creditors Holding Unsecured Nonpriority Claims			T)	otal of th				2,617.00

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B6F (Official Form 6F) (12/07) - Cont.

In re	Shanta R Evans	Case No
		Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS (Continuation Sheet)

Husband, Wife, Joint, or Community CODEBTOR UNLIQUIDATED CONTINGENT CREDITOR'S NAME, **MAILING ADDRESS** DATE CLAIM WAS INCURRED AND INCLUDING ZIP CODE, W CONSIDERATION FOR CLAIM. IF CLAIM C AMOUNT OF CLAIM AND ACCOUNT NUMBER IS SUBJECT TO SETOFF, SO STATE. (See instructions above.) Opened 10/01/12 Account No. xx0047 Collection Attorney Silver Cross Hospital Vision Financial Servi 1900 W Severs Rd La Porte, IN 46350 192.00 Opened 6/01/14 Account No. xx5387 Collection Attorney Silver Cross Hospital Vision Financial Servi 1900 W Severs Rd La Porte, IN 46350 87.00 Account No. xx5370 Opened 6/01/14 Collection Attorney Silver Cross Hospital Vision Financial Servi 1900 W Severs Rd La Porte, IN 46350 69.00 Account No. Account No. Sheet no. 11 of 11 sheets attached to Schedule of Subtotal 348.00 Creditors Holding Unsecured Nonpriority Claims (Total of this page) Total

(Report on Summary of Schedules)

76,675.99

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B6G (Official Form 6G) (12/07)

In re	Shanta R Evans	Case No.
-		Debtor ,

SCHEDULE G - EXECUTORY CONTRACTS AND UNEXPIRED LEASES

Describe all executory contracts of any nature and all unexpired leases of real or personal property. Include any timeshare interests. State nature of debtor's interest in contract, i.e., "Purchaser", "Agent", etc. State whether debtor is the lessor or lessee of a lease. Provide the names and complete mailing addresses of all other parties to each lease or contract described. If a minor child is a party to one of the leases or contracts, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

☐ Check this box if debtor has no executory contracts or unexpired leases.

Name and Mailing Address, Including Zip Code, of Other Parties to Lease or Contract Description of Contract or Lease and Nature of Debtor's Interest. State whether lease is for nonresidential real property. State contract number of any government contract.

KDF Investments 1302 W Marion Joliet, IL 60436 Residential Lease. Debtor is tenant.

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B6H (Official Form 6H) (12/07)

In re	Shanta R Evans	Case No.
-		Debtor ,

SCHEDULE H - CODEBTORS

Provide the information requested concerning any person or entity, other than a spouse in a joint case, that is also liable on any debts listed by debtor in the schedules of creditors. Include all guarantors and co-signers. If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within the eight year period immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state, commonwealth, or territory. Include all names used by the nondebtor spouse during the eight years immediately preceding the commencement of this case. If a minor child is a codebtor or a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

Check this box if debtor has no codebtors.

NAME AND ADDRESS OF CODEBTOR

NAME AND ADDRESS OF CREDITOR

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Eill	in this information to identify your c	369.								
	otor 1 Shanta R Ev									
	otor 2 use, if filing)				_					
Uni	ted States Bankruptcy Court for the	: NORTHERN DISTRIC	CT OF ILLINOIS							
O: Be a sup spo	fficial Form B 6l chedule I: Your Income somplete and accurate as possiblying correct information. If you use. If you are separated and you che a separate sheet to this form.	sible. If two married peo are married and not fili r spouse is not filing w	ing jointly, and your ith you, do not inclu	spouse ude info	is li rmat	and Deving wition abo	13 income MM / DD/ Y ebtor 2), book th you, incut your sp	ed filing ent showing as of the fo YYYY oth are equ lude inforr ouse. If mo	nation abou ore space is	12/13 sible for t your needed,
Par	Describe Employment Fill in your employment		Deliterat				Dalitan			
	information.		Debtor 1				Debtor 2 or non-filing spouse ☐ Employed			
	If you have more than one job, attach a separate page with information about additional employers.	Employment status	■ Employed □ Not employed					oyea mployed		
	Include part-time, seasonal, or self-employed work.	Occupation Employer's name	Averitt							
	Occupation may include student or homemaker, if it applies.	Employer's address	1415 Neal Stree Cookeville, TN 3							
		How long employed t	here?							
Par	t 2: Give Details About Mor									
Esti spou	mate monthly income as of the duse unless you are separated. u or your non-filing spouse have me space, attach a separate sheet to	ate you file this form. If	,	·	·	loyers fo	·	on on the li	nes below. If	J
2.	List monthly gross wages, sala deductions). If not paid monthly,			2.	\$		1,553.37	\$	ng spouse N/A	
3.	Estimate and list monthly overt	ime pay.		3.	+\$		0.00	+\$	N/A	
4.	Calculate gross Income. Add lin	ne 2 + line 3.		4.	\$	1,5	553.37	\$	N/A	

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Deb	tor 1	Shanta R Evans	_	Case r	number (<i>if known</i>)		
				For	Debtor 1	For I	Debtor 2 or
				FOI	Debtor 1		filing spouse
	Сор	y line 4 here	4.	\$	1,553.37	\$	N/A
5.	List	all payroll deductions:					
	5a.	Tax, Medicare, and Social Security deductions	5a.	\$	165.32	\$	N/A
	5b.	Mandatory contributions for retirement plans	5b.	\$	0.00	\$	N/A
	5c.	Voluntary contributions for retirement plans	5c.	\$	0.00	\$	N/A
	5d.	Required repayments of retirement fund loans	5d.	\$	0.00	\$	N/A
	5e.	Insurance	5e.	\$	276.25	\$	N/A_
	5f.	Domestic support obligations	5f.	\$ \$	0.00	\$	N/A
	5g. 5h.	Union dues Other deductions. Specify: Dental	5g. 5h.+	э \$	0.00 36.40	- ⊅ ⊦\$	N/A N/A
	JII.	Vision		\$ 	22.75	ς Ψ <u></u>	N/A
_	A .1.1			· —		Φ	
6.		the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.	\$	500.72	\$	N/A
7.		culate total monthly take-home pay. Subtract line 6 from line 4.	7.	\$	1,052.65	\$	N/A
8.	List 8a.	all other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total					
		monthly net income.	8a.	\$	0.00	\$	N/A
	8b. 8c.	Interest and dividends Family support payments that you, a non-filing spouse, or a depende regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8b. nt 8c.	\$ \$	0.00	\$ \$	N/A N/A
	8d.	Unemployment compensation	8d.	\$	0.00	\$	N/A
	8e.	Social Security	8e.	\$	0.00	\$	N/A
	8f.	Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistant that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:	8f.	\$	0.00	\$	N/A
	8g.	Pension or retirement income	8g.	\$	0.00	\$	N/A
	8h.	Other monthly income. Specify:	8h.+	\$ <u></u>	0.00	+	N/A
9.	Add	all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	\$	158.00	\$	N/A
10.	Calc	culate monthly income. Add line 7 + line 9.	10. \$,210.65 + \$		N/A = \$ 1,210.65
		the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.			1,210.00		1,210.00
11.	Stat Inclu	e all other regular contributions to the expenses that you list in Schedulde contributions from an unmarried partner, members of your household, your friends or relatives. Not include any amounts already included in lines 2-10 or amounts that are not include any amounts already included in lines 2-10 or amounts that are not include any amounts already included in lines 2-10 or amounts that are not include any amounts already included in lines 2-10 or amounts that are not include any amounts already included in lines 2-10 or amounts that are not included in lines 2-10 or amounts tha	ur depen				Schedule J. 11. +\$ 0.00
12.		the amount in the last column of line 10 to the amount in line 11. The rest that amount on the Summary of Schedules and Statistical Summary of Certies					. 12. \$ 1,210.65 Combined monthly income
13.	Do y	ou expect an increase or decrease within the year after you file this for	m?				mondiny moonle
		No.					
		Yes. Explain:					

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Fill	in this informa	ation to identify yo	our case:					
	otor 1	Shanta R Eva				Che	ck if this is: An amended filing	
	otor 2 ouse, if filing)						A supplement sho	wing post-petition chapter f the following date:
		. 0 . (NODTU		1010			the following date.
		ruptcy Court for the:	NORTH	IERN DISTRICT OF ILLIN	1015		MM / DD / YYYY	
	se number (nown)						A separate filing for 2 maintains a sepa	or Debtor 2 because Debto arate household
0	fficial Fo	orm B 6J	_					
		J: Your I						12/1:
inf	ormation. If m		eded, atta	. If two married people a ach another sheet to this n.				
		ribe Your House	hold					
1.	Is this a join							
	■ No. Go to	o line 2. e s Debtor 2 live i	in a separ	ate household?				
	□ N □ Y		st file a sep	parate Schedule J.				
2.	Do you hav	e dependents?	□ No					
	Do not list D and Debtor 2		Yes.	Fill out this information for each dependent	Dependent's relati Debtor 1 or Debtor		Dependent's age	Does dependent live with you?
	Do not state dependents'				Son		14	□ No ■ Yes
					Son		16	□ No ■ Yes
							_	□ No
								☐ Yes ☐ No
_	_						_	☐ Yes
3.	expenses o	penses include of people other the d your depende	han $_{oldsymbol{\square}}$	No Yes				
Est	timate your ex	a date after the l	our bankrı	uptcy filing date unless y	you are using this followed and the plant of	orm as a s e <i>J</i> , check	upplement in a Ch the box at the top	napter 13 case to report of the form and fill in the
the		h assistance an		government assistance cluded it on <i>Schedule I:</i>			Your exp	penses
4.		or home owners		ses for your residence.	Include first mortgag	e 4.	\$	0.00
	If not include	ded in line 4:						<u>_</u>
		estate taxes				4a.	\$	0.00
	4b. Prope	erty, homeowner's				4b.	· ————————————————————————————————————	0.00
				upkeep expenses		4c.	· 	0.00
5.		owner's associat		dominium dues our residence, such as ho	ome equity loans	4d. 5.	·	0.00

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6b. Water, sewer, garbage collection 6c. Telephone, cell phone, Internet, satellite, and cable services 6d. Other. Specify: Cable/Internet 7. Food and housekeeping supplies 8. Childcare and children's education costs 8. Clothing, laundry, and dry cleaning 9. Personal care products and services 9. Clothing, laundry, and dry cleaning 10. Personal care products and services 11. Medical and dental expenses 11. Transportation. Include gas, maintenance, bus or train fare. 12. Do not include car payments. 13. Entertainment, clubs, recreation, newspapers, magazines, and books 13. Insurance. 14. Charitable contributions and religious donations 14. Charitable contributions and religious donations 15. Insurance. 15. Life insurance 15b. Health insurance 15c. Vehicle insurance deducted from your pay or included in lines 4 or 20. 15a. Life insurance 15c. Vehicle insurance 15d. Other insurance. Specify: 15c. 15c. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: 16. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: 17. Installment or lease payments: 17a. Car payments for Vehicle 2 17b. Car payments for Vehicle 2 17c. Other. Specify: 17d. Other. Specify: 17e. Other symmets of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 6I). 18d. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 6I). 19d. Other payments you make to support others who do not live with you. Specify: 20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: 20a. Mortgages on other property 20b. Real estate taxes 20c. Property, homeowner's, or renter's insurance 20d. Maintenance, repair, and upkeep expenses 20d. Homeowner's association or condominium dues 21. Other: Specify: 22. You	a. \$	120.00 75.00 46.00 109.00 350.00 0.00 100.00 50.00 165.00
6a. Electricity, heat, natural gas 6b. Water, sewer, garbage collection 6c. Telephone, cell phone, Internet, satellite, and cable services 6d. Other. Specify: Cable/Internet 7. Food and housekeeping supplies 8. Childcare and children's education costs 9. Clothing, laundry, and dry cleaning 9. Personal care products and services 11. Medical and dental expenses 12. Transportation. Include gas, maintenance, bus or train fare. 13. Do not include car payments. 14. Charitable contributions and religious donations 15. Insurance. 16. Do not include insurance deducted from your pay or included in lines 4 or 20. 15a. Life insurance 15b. Health insurance 15c. Vehicle insurance 15c. Vehicle insurance 15d. Other insurance. 15c. Specify: 17. Installment or lease payments: 17a. Car payments for Vehicle 1 17b. Car payments for Vehicle 1 17b. Car payments for Vehicle 2 17c. Other. Specify: 17d. Other. Specify: 17d. Other. Specify: 17d. Other. Specify: 17d. Other. Specify: 18vour payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 6l). 18vour payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 6l). 19c. Other payments you make to support others who do not live with you. 19c. Other payments you make to support others who do not live with you. 20a. Mortgages on other property 20b. Real estate taxes 20c. Property, homeowner's, or renter's insurance 20d. Maintenance, repair, and upkeep expenses 20c. Homeowner's association or condominium dues 21. Other: Specify: 22. Your monthly expenses. Add lines 4 through 21. 22. The result is your monthly expenses.	b. \$	75.00 46.00 109.00 350.00 0.00 100.00 50.00 165.00
6b. Water, sewer, garbage collection 6c. Telephone, cell phone, Internet, satellite, and cable services 6d. Other. Specify: Cable/Internet 7. Food and housekeeping supplies 8. Childcare and children's education costs 8. Clothing, laundry, and dry cleaning 9. Personal care products and services 11. Medical and dental expenses 12. Transportation. Include gas, maintenance, bus or train fare. 12. Do not include car payments. 13. Entertainment, clubs, recreation, newspapers, magazines, and books 14. Charitable contributions and religious donations 15. Insurance. 16. Do not include insurance deducted from your pay or included in lines 4 or 20. 15a. Life insurance 15b. Health insurance 15c. Vehicle insurance 15d. Other insurance. Specify: 15c. 15c. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. 15a. Specify: 15. Installment or lease payments: 17a. Car payments for Vehicle 1 17b. Car payments for Vehicle 2 17c. Other. Specify: 17d. Other symmeths of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 6I). 18d. Your payments on the payments on the support others who do not live with you. 18d. Specify: 19d. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: 20a. Mortgages on other property 20b. Real estate taxes 20c. Property, homeowner's, or renter's insurance 20d. Maintenance, repair, and upkeep expenses 20d. Homeowner's association or condominium dues 21. Other: Specify: 22. Your monthly expenses. Add lines 4 through 21. 22. The result is your monthly expenses.	b. \$	75.00 46.00 109.00 350.00 0.00 100.00 50.00 165.00
6c. Telephone, cell phone, Internet, satellite, and cable services 6d. Other. Specify: Cable/Internet 7. Food and housekeeping supplies 8. Childcare and children's education costs 9. Clothing, laundry, and dry cleaning 10. Personal care products and services 11. Medical and dental expenses 11. Medical and dental expenses 12. Transportation. Include gas, maintenance, bus or train fare. 13. Do not include car payments. 14. Charitable contributions and religious donations 15. Insurance. 16. Do not include insurance deducted from your pay or included in lines 4 or 20. 15a. Life insurance 15b. Health insurance 15c. Vehicle insurance 15d. Other insurance. Specify: 15d. Other insurance. Specify: 16. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. 15g. Specify: 17. Installment or lease payments: 17a. Car payments for Vehicle 1 17b. Car payments for Vehicle 2 17c. Other. Specify: 17d. Other spayments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 6l). 19. Other payments on the property 20b. Real estate taxes 20c. Property, homeowner's, or renter's insurance 20d. Maintenance, repair, and upkeep expenses 20e. Homeowner's association or condominium dues 21. Other: Specify: 22. Your monthly expenses. Add lines 4 through 21. 22 The result is your monthly expenses.	c. \$	46.00 109.00 350.00 0.00 100.00 50.00 165.00
6d. Other. Specify: Cable/Internet Food and housekeeping supplies Clothing, laundry, and dry cleaning Redical and dental expenses Clothing, laundry, and dry cleaning Redical and dental expenses Continctude car payments. Entertainment, clubs, recreation, newspapers, magazines, and books Charitable contributions and religious donations Life insurance Do not include insurance deducted from your pay or included in lines 4 or 20. Life insurance Do not include insurance deducted from your pay or included in lines 4 or 20. Life insurance Life	d. \$	109.00 350.00 0.00 100.00 50.00 50.00
7. Food and housekeeping supplies 3. Childcare and children's education costs 4. Clothing, laundry, and dry cleaning 4. Personal care products and services 4. Medical and dental expenses 4. Transportation. Include gas, maintenance, bus or train fare. Do not include car payments. 4. Charitable contributions and religious donations 4. Charitable contributions and religious donations 4. Charitable contributions and religious donations 5. Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20. 15a. Life insurance 15b. Health insurance 15c. Vehicle insurance pecify: 15c. Vehicle insurance pecify: 15d. Other insurance. Specify: 15d. Other insurance. Specify: 16d. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: 17l. Installment or lease payments: 17a. Car payments for Vehicle 1 17b. Car payments for Vehicle 2 17c. Other. Specify: 17d. Other. Specify: 17d. Other. Specify: 17d. Other. Specify: 17d. Other specify: 17d. Other payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 6I). 19 Other payments you make to support others who do not live with you. Specify: 20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: 20a. Mortgages on other property 20b. Real estate taxes 20c. Property, homeowner's, or renter's insurance 20d. Maintenance, repair, and upkeep expenses 20d. Maintenance, repair, and upkeep expenses 20d. Maintenance, repair, and upkeep expenses 21. Other: Specify: 22. Your monthly expenses. Add lines 4 through 21. The result is your monthly expenses.	7. \$	350.00 0.00 100.00 50.00 50.00
Childcare and children's education costs Clothing, laundry, and dry cleaning Clothing, laundry, and dry clothing, by critical form of a control of training clothing clothing in the control of training clothing	8. \$ 9. \$ 1. \$ 2. \$ 3. \$	0.00 100.00 50.00 50.00
Clothing, laundry, and dry cleaning Personal care products and services Medical and dental expenses Transportation. Include gas, maintenance, bus or train fare. Do not include car payments. Entertainment, clubs, recreation, newspapers, magazines, and books Charitable contributions and religious donations Life insurance. Do not include insurance deducted from your pay or included in lines 4 or 20. Life insurance Do not include insurance deducted from your pay or included in lines 4 or 20. Specify: Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: Totallment or lease payments: Tra. Car payments for Vehicle 1 Tro. Other. Specify: Tro. Other payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 6I). Other payments you make to support others who do not live with you. Specify: Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: 20a. Mortgages on other property 20b. Real estate taxes 20c. Property, homeowner's, or renter's insurance 20d. Maintenance, repair, and upkeep expenses 20c. Homeowner's association or condominium dues 21. Other: Specify: 22. Your monthly expenses. Add lines 4 through 21. The result is your monthly expenses.	9. \$ 0. \$ 1. \$ 2. \$ 3. \$	100.00 50.00 50.00 165.00
10. Personal care products and services 11. Medical and dental expenses 12. Transportation. Include gas, maintenance, bus or train fare. Do not include car payments. 13. Entertainment, clubs, recreation, newspapers, magazines, and books 14. Charitable contributions and religious donations 15. Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20. 15a. Life insurance 15b. Health insurance 15c. Vehicle insurance 15d. Other insurance. Specify: 16. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: 17. Installment or lease payments: 17a. Car payments for Vehicle 1 17b. Car payments for Vehicle 2 17c. Other. Specify: 17d. Other. Specify: 17d. Other. Specify: 18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 6I). 180. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: 20a. Mortgages on other property 20b. Real estate taxes 20c. Property, homeowner's, or renter's insurance 20d. Maintenance, repair, and upkeep expenses 20e. Homeowner's association or condominium dues 21. Other: Specify: 22. Your monthly expenses. Add lines 4 through 21. 23d. The result is your monthly expenses.	0. \$ 1. \$ 2. \$ 3. \$	50.00 50.00 165.00
11. Medical and dental expenses 12. Transportation. Include gas, maintenance, bus or train fare. Do not include car payments. 13. Entertainment, clubs, recreation, newspapers, magazines, and books 14. Charitable contributions and religious donations 15. Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20. 15a. Life insurance 15b. Health insurance 15c. Vehicle insurance 15d. Other insurance. Specify: 15d. Other insurance. Specify: 16. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: 17. Installment or lease payments: 17a. Car payments for Vehicle 1 17b. Car payments for Vehicle 2 17c. Other. Specify: 17d. Other. Specify: 17d. Other. Specify: 18t. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 6I). 18d. Your payments you make to support others who do not live with you. 18d. Specify: 19. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: 20a. Mortgages on other property 20b. Real estate taxes 20c. Property, homeowner's, or renter's insurance 20d. Maintenance, repair, and upkeep expenses 20e. Homeowner's association or condominium dues 21. Other: Specify: 22. Your monthly expenses. Add lines 4 through 21. 22. The result is your monthly expenses.	1. \$ 2. \$ 3. \$	50.00 165.00
12. Transportation. Include gas, maintenance, bus or train fare. Do not include car payments. 13. Entertainment, clubs, recreation, newspapers, magazines, and books 14. Charitable contributions and religious donations 15. Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20. 15a. Life insurance 15b. Health insurance 15c. Vehicle insurance 15c. Vehicle insurance. Specify: 15c. Other insurance. Specify: 16. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: 17a. Car payments for Vehicle 1 17b. Car payments for Vehicle 2 17c. Other. Specify: 17d. Other. Specify: 17d. Other. Specify: 17d. Other. Specify: 18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 6I). 180. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: 20a. Mortgages on other property 20b. Real estate taxes 20c. Property, homeowner's, or renter's insurance 20d. Maintenance, repair, and upkeep expenses 20e. Homeowner's association or condominium dues 21. Other: Specify: 22. Your monthly expenses. Add lines 4 through 21. 23 The result is your monthly expenses.	2. \$ 3. \$	165.00
Do not include car payments. Entertainment, clubs, recreation, newspapers, magazines, and books Charitable contributions and religious donations Life insurance. Do not include insurance deducted from your pay or included in lines 4 or 20. Life insurance Do not include insurance deducted from your pay or included in lines 4 or 20. Life insurance 15a. Life insurance 15b. Health insurance 15c. Vehicle insurance 15d. Other insurance. Specify: 15d. Other insurance. Specify: 16e. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: 17e. Installment or lease payments: 17a. Car payments for Vehicle 1 17b. Car payments for Vehicle 2 17c. Other. Specify: 17d. Other. Specify: 17d. Other. Specify: 18d. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 6I). 18e. Your payments you make to support others who do not live with you. Specify: 19. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: 20a. Mortgages on other property 20b. Real estate taxes 20c. Property, homeowner's, or renter's insurance 20d. Maintenance, repair, and upkeep expenses 20e. Homeowner's association or condominium dues 21. Other: Specify: 22. Your monthly expenses. Add lines 4 through 21. The result is your monthly expenses.	3. \$	
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17a. Car payments for Vehicle 1 17b. Car payments for Vehicle 2 17c. Other. Specify: 17d. Other. Specify: 17d. Other. Specify: 17e. Vour payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 6I). 9. Other payments you make to support others who do not live with you. Specify: 19e. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: 20a. Mortgages on other property 20b. Real estate taxes 20c. Property, homeowner's, or renter's insurance 20d. Maintenance, repair, and upkeep expenses 20e. Homeowner's association or condominium dues 21. Other: Specify: 22 24 25 26 27 27 28 28 29 20 20 20 20 20 20 21 21 22 21 22 23 24 25 25 26 26 27 27 28 28 29 20 20 20 20 20 20 20 20 20 20 20 20 20	σ. Ψ	0.00
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22. Your monthly expenses. Add lines 4 through 21. The result is your monthly expenses.	e. \$	0.00
22. Your monthly expenses. Add lines 4 through 21. The result is your monthly expenses.	1. +\$	0.00
The result is your monthly expenses.		
	2. \$ _	1,200.00
23. Calculate your monthly net income.	- C	1 010 07
23a. Copy line 12 (your combined monthly income) from Schedule I. 23a		1,210.65
23b. Copy your monthly expenses from line 22 above. 23b	b\$	1,200.00
22a Cubtraat your monthly avanages from your monthly income		
23c. Subtract your monthly expenses from your monthly income. The result is your <i>monthly net income</i> . 23c. Subtract your monthly expenses from your monthly income.	c. \$	10.65
The result is your monthly het income.	· <u> </u>	
24. Do you expect an increase or decrease in your expenses within the year after you file the For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage modification to the terms of your mortgage?		
■ No.		
☐ Yes. Explain:		

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B6 Declaration (Official Form 6 - Declaration). (12/07)

United States Bankruptcy Court Northern District of Illinois

In re	Shanta R Evans			Case No.			
			Debtor(s)	Chapter	7		
	DECLARATION C	ONCERN	ING DEBTOR'S SO	CHEDUL	ES		
	DECLARATION UNDER I	PENALTY (OF PERJURY BY INDIV	IDUAL DEI	BTOR		
	I declare under penalty of perjury the	nat I have rea	ad the foregoing summary	and schedul	es, consisting of27		
	sheets, and that they are true and correct to the	he best of my	y knowledge, information	, and belief.			
Date	June 23, 2015	Signature	/s/ Shanta R Evans				
		C	Shanta R Evans				
			Debtor				

Penalty for making a false statement or concealing property: Fine of up to \$500,000 or imprisonment for up to 5 years or both. 18 U.S.C. §§ 152 and 3571.

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B7 (Official Form 7) (04/13)

United States Bankruptcy Court Northern District of Illinois

In re	Shanta R Evans		Case No.	
		Debtor(s)	Chapter	7

STATEMENT OF FINANCIAL AFFAIRS

This statement is to be completed by every debtor. Spouses filing a joint petition may file a single statement on which the information for both spouses is combined. If the case is filed under chapter 12 or chapter 13, a married debtor must furnish information for both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed. An individual debtor engaged in business as a sole proprietor, partner, family farmer, or self-employed professional, should provide the information requested on this statement concerning all such activities as well as the individual's personal affairs. To indicate payments, transfers and the like to minor children, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. § 112; Fed. R. Bankr. P. 1007(m).

Questions 1 - 18 are to be completed by all debtors. Debtors that are or have been in business, as defined below, also must complete Questions 19 - 25. **If the answer to an applicable question is "None," mark the box labeled "None."** If additional space is needed for the answer to any question, use and attach a separate sheet properly identified with the case name, case number (if known), and the number of the question.

DEFINITIONS

"In business." A debtor is "in business" for the purpose of this form if the debtor is a corporation or partnership. An individual debtor is "in business" for the purpose of this form if the debtor is or has been, within six years immediately preceding the filing of this bankruptcy case, any of the following: an officer, director, managing executive, or owner of 5 percent or more of the voting or equity securities of a corporation; a partner, other than a limited partner, of a partnership; a sole proprietor or self-employed full-time or part-time. An individual debtor also may be "in business" for the purpose of this form if the debtor engages in a trade, business, or other activity, other than as an employee, to supplement income from the debtor's primary employment.

"Insider." The term "insider" includes but is not limited to: relatives of the debtor; general partners of the debtor and their relatives; corporations of which the debtor is an officer, director, or person in control; officers, directors, and any persons in control of a corporate debtor and their relatives; affiliates of the debtor and insiders of such affiliates; and any managing agent of the debtor. 11 U.S.C. § 101(2), (31).

1. Income from employment or operation of business

None

State the gross amount of income the debtor has received from employment, trade, or profession, or from operation of the debtor's business, including part-time activities either as an employee or in independent trade or business, from the beginning of this calendar year to the date this case was commenced. State also the gross amounts received during the **two years** immediately preceding this calendar year. (A debtor that maintains, or has maintained, financial records on the basis of a fiscal rather than a calendar year may report fiscal year income. Identify the beginning and ending dates of the debtor's fiscal year.) If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income of both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

AMOUNT SOURCE \$8,536.31 2015 YTD: Debtor Estimated Income Wages \$12,781.00 2014: Debtor Estimated Income Wages \$12,000.00 2013: Debtor Estimated Income Wages

2. Income other than from employment or operation of business

None

State the amount of income received by the debtor other than from employment, trade, profession, or operation of the debtor's business during the **two years** immediately preceding the commencement of this case. Give particulars. If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income for each spouse whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

AMOUNT SOURCE

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3. Payments to creditors

None

Complete a. or b., as appropriate, and c.

Individual or joint debtor(s) with primarily consumer debts: List all payments on loans, installment purchases of goods or services, and other debts to any creditor made within 90 days immediately preceding the commencement of this case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$600. Indicate with an asterisk (*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and credit counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR

DATES OF **PAYMENTS**

AMOUNT PAID

AMOUNT STILL **OWING**

None

b. Debtor whose debts are not primarily consumer debts: List each payment or other transfer to any creditor made within 90 days immediately preceding the commencement of the case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$6,225*. If the debtor is an individual, indicate with an asterisk (*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and credit counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments and other transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

> AMOUNT DATES OF PAID OR PAYMENTS/

NAME AND ADDRESS OF CREDITOR

TRANSFERS

VALUE OF TRANSFERS AMOUNT STILL OWING

c. All debtors: List all payments made within **one year** immediately preceding the commencement of this case to or for the benefit of creditors who are or were insiders. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR AND RELATIONSHIP TO DEBTOR

DATE OF PAYMENT

AMOUNT PAID

AMOUNT STILL OWING

4. Suits and administrative proceedings, executions, garnishments and attachments

None

a. List all suits and administrative proceedings to which the debtor is or was a party within one year immediately preceding the filing of this bankruptcy case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

CAPTION OF SUIT AND CASE NUMBER NATURE OF **PROCEEDING** COURT OR AGENCY AND LOCATION

STATUS OR DISPOSITION

None

b. Describe all property that has been attached, garnished or seized under any legal or equitable process within one year immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF PERSON FOR WHOSE BENEFIT PROPERTY WAS SEIZED

DATE OF SEIZURE

DESCRIPTION AND VALUE OF **PROPERTY**

^{*} Amount subject to adjustment on 4/01/16, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

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3

5. Repossessions, foreclosures and returns

None

List all property that has been repossessed by a creditor, sold at a foreclosure sale, transferred through a deed in lieu of foreclosure or returned to the seller, within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR OR SELLER DATE OF REPOSSESSION, FORECLOSURE SALE, TRANSFER OR RETURN

DESCRIPTION AND VALUE OF PROPERTY

6. Assignments and receiverships

None

a. Describe any assignment of property for the benefit of creditors made within **120 days** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include any assignment by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF ASSIGNEE

DATE OF ASSIGNMENT

TERMS OF ASSIGNMENT OR SETTLEMENT

None b. List all property which has been in the hands of a custodian, receiver, or court-appointed official within **one year** immediately

preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CUSTODIAN NAME AND LOCATION OF COURT CASE TITLE & NUMBER

DATE OF ORDER DESCRIPTION AND VALUE OF

PROPERTY

7. Gifts

None

List all gifts or charitable contributions made within **one year** immediately preceding the commencement of this case except ordinary and usual gifts to family members aggregating less than \$200 in value per individual family member and charitable contributions aggregating less than \$100 per recipient. (Married debtors filing under chapter 12 or chapter 13 must include gifts or contributions by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF PERSON OR ORGANIZATION

RELATIONSHIP TO DEBTOR, IF ANY

DATE OF GIFT

DESCRIPTION AND VALUE OF GIFT

8. Losses

None

List all losses from fire, theft, other casualty or gambling within **one year** immediately preceding the commencement of this case **or since the commencement of this case.** (Married debtors filing under chapter 12 or chapter 13 must include losses by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

DESCRIPTION AND VALUE OF PROPERTY

DESCRIPTION OF CIRCUMSTANCES AND, IF LOSS WAS COVERED IN WHOLE OR IN PART BY INSURANCE, GIVE PARTICULARS

DATE OF LOSS

9. Payments related to debt counseling or bankruptcy

None

List all payments made or property transferred by or on behalf of the debtor to any persons, including attorneys, for consultation concerning debt consolidation, relief under the bankruptcy law or preparation of the petition in bankruptcy within **one year** immediately preceding the commencement of this case.

NAME AND ADDRESS OF PAYEE DATE OF PAYMENT, NAME OF PAYER IF OTHER THAN DEBTOR AMOUNT OF MONEY
OR DESCRIPTION AND VALUE
OF PROPERTY

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10. Other transfers

None

a. List all other property, other than property transferred in the ordinary course of the business or financial affairs of the debtor, transferred either absolutely or as security within **two years** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF TRANSFEREE, RELATIONSHIP TO DEBTOR

DATE

DESCRIBE PROPERTY TRANSFERRED AND VALUE RECEIVED

None b. List all property transferred by the debtor within **ten years** immediately preceding the commencement of this case to a self-settled trust or similar device of which the debtor is a beneficiary.

NAME OF TRUST OR OTHER

DEVICE

DATE(S) OF TRANSFER(S) AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY OR DEBTOR'S INTEREST

IN PROPERTY

11. Closed financial accounts

None

List all financial accounts and instruments held in the name of the debtor or for the benefit of the debtor which were closed, sold, or otherwise transferred within **one year** immediately preceding the commencement of this case. Include checking, savings, or other financial accounts, certificates of deposit, or other instruments; shares and share accounts held in banks, credit unions, pension funds, cooperatives, associations, brokerage houses and other financial institutions. (Married debtors filing under chapter 12 or chapter 13 must include information concerning accounts or instruments held by or for either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF INSTITUTION

TYPE OF ACCOUNT, LAST FOUR DIGITS OF ACCOUNT NUMBER, AND AMOUNT OF FINAL BALANCE

AMOUNT AND DATE OF SALE OR CLOSING

12. Safe deposit boxes

None

List each safe deposit or other box or depository in which the debtor has or had securities, cash, or other valuables within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include boxes or depositories of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF BANK OR OTHER DEPOSITORY NAMES AND ADDRESSES OF THOSE WITH ACCESS TO BOX OR DEPOSITORY

DESCRIPTION OF CONTENTS

DATE OF TRANSFER OR SURRENDER, IF ANY

13. Setoffs

None

List all setoffs made by any creditor, including a bank, against a debt or deposit of the debtor within **90 days** preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR

DATE OF SETOFF

AMOUNT OF SETOFF

14. Property held for another person

None

List all property owned by another person that the debtor holds or controls.

NAME AND ADDRESS OF OWNER

DESCRIPTION AND VALUE OF PROPERTY

LOCATION OF PROPERTY

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15. Prior address of debtor

None

If the debtor has moved within three years immediately preceding the commencement of this case, list all premises which the debtor occupied during that period and vacated prior to the commencement of this case. If a joint petition is filed, report also any separate address of either spouse.

ADDRESS NAME USED DATES OF OCCUPANCY

16. Spouses and Former Spouses

None

If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within eight years immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state.

NAME

17. Environmental Information.

For the purpose of this question, the following definitions apply:

"Environmental Law" means any federal, state, or local statute or regulation regulating pollution, contamination, releases of hazardous or toxic substances, wastes or material into the air, land, soil, surface water, groundwater, or other medium, including, but not limited to, statutes or regulations regulating the cleanup of these substances, wastes, or material.

"Site" means any location, facility, or property as defined under any Environmental Law, whether or not presently or formerly owned or operated by the debtor, including, but not limited to, disposal sites.

"Hazardous Material" means anything defined as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, or contaminant or similar term under an Environmental Law

None

a. List the name and address of every site for which the debtor has received notice in writing by a governmental unit that it may be liable or potentially liable under or in violation of an Environmental Law. Indicate the governmental unit, the date of the notice, and, if known, the Environmental Law:

NAME AND ADDRESS OF DATE OF **ENVIRONMENTAL** SITE NAME AND ADDRESS GOVERNMENTAL UNIT NOTICE LAW

None b. List the name and address of every site for which the debtor provided notice to a governmental unit of a release of Hazardous

Material. Indicate the governmental unit to which the notice was sent and the date of the notice.

NAME AND ADDRESS OF **ENVIRONMENTAL** DATE OF SITE NAME AND ADDRESS LAW

GOVERNMENTAL UNIT NOTICE

c. List all judicial or administrative proceedings, including settlements or orders, under any Environmental Law with respect to which None

the debtor is or was a party. Indicate the name and address of the governmental unit that is or was a party to the proceeding, and the docket number.

NAME AND ADDRESS OF GOVERNMENTAL UNIT

DOCKET NUMBER

STATUS OR DISPOSITION

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18. Nature, location and name of business

None

a. *If the debtor is an individual*, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was an officer, director, partner, or managing executive of a corporation, partner in a partnership, sole proprietor, or was self-employed in a trade, profession, or other activity either full- or part-time within **six years** immediately preceding the commencement of this case, or in which the debtor owned 5 percent or more of the voting or equity securities within **six years** immediately preceding the commencement of this case.

If the debtor is a partnership, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities, within six years immediately preceding the commencement of this case.

If the debtor is a corporation, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities within six years immediately preceding the commencement of this case.

LAST FOUR DIGITS OF SOCIAL-SECURITY OR OTHER INDIVIDUAL TAXPAYER-I.D. NO. (ITIN)/ COMPLETE EIN ADDRESS

BEGINNING AND NATURE OF BUSINESS ENDING DATES

NAME None

b. Identify any business listed in response to subdivision a., above, that is "single asset real estate" as defined in 11 U.S.C. § 101.



NAME ADDRESS

The following questions are to be completed by every debtor that is a corporation or partnership and by any individual debtor who is or has been, within **six years** immediately preceding the commencement of this case, any of the following: an officer, director, managing executive, or owner of more than 5 percent of the voting or equity securities of a corporation; a partner, other than a limited partner, of a partnership, a sole proprietor, or self-employed in a trade, profession, or other activity, either full- or part-time.

(An individual or joint debtor should complete this portion of the statement **only** if the debtor is or has been in business, as defined above, within six years immediately preceding the commencement of this case. A debtor who has not been in business within those six years should go directly to the signature page.)

19. Books, records and financial statements

None

a. List all bookkeepers and accountants who within **two years** immediately preceding the filing of this bankruptcy case kept or supervised the keeping of books of account and records of the debtor.

NAME AND ADDRESS

DATES SERVICES RENDERED

None b. List all firms or individuals who within the **two years** immediately preceding the filing of this bankruptcy case have audited the books of account and records, or prepared a financial statement of the debtor.

NAME

ADDRESS

DATES SERVICES RENDERED

None

c. List all firms or individuals who at the time of the commencement of this case were in possession of the books of account and records of the debtor. If any of the books of account and records are not available, explain.

NAME

ADDRESS

None d.

d. List all financial institutions, creditors and other parties, including mercantile and trade agencies, to whom a financial statement was issued by the debtor within **two years** immediately preceding the commencement of this case.

NAME AND ADDRESS

DATE ISSUED

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20. Inventories

None

a. List the dates of the last two inventories taken of your property, the name of the person who supervised the taking of each inventory, and the dollar amount and basis of each inventory.

DATE OF INVENTORY

INVENTORY SUPERVISOR

DOLLAR AMOUNT OF INVENTORY

(Specify cost, market or other basis)

None 1

b. List the name and address of the person having possession of the records of each of the inventories reported in a., above.

NAME AND ADDRESSES OF CUSTODIAN OF INVENTORY RECORDS

DATE OF INVENTORY

21. Current Partners, Officers, Directors and Shareholders

None

a. If the debtor is a partnership, list the nature and percentage of partnership interest of each member of the partnership.

NAME AND ADDRESS

NATURE OF INTEREST

PERCENTAGE OF INTEREST

None b. If the debtor is a corporation, list all officers and directors of the corporation, and each stockholder who directly or indirectly owns, controls, or holds 5 percent or more of the voting or equity securities of the corporation.

NAME AND ADDRESS

TITLE

NATURE AND PERCENTAGE OF STOCK OWNERSHIP

22. Former partners, officers, directors and shareholders

None

a. If the debtor is a partnership, list each member who withdrew from the partnership within **one year** immediately preceding the commencement of this case.

NAME

ADDRESS

DATE OF WITHDRAWAL

None b. If the debtor is a corporation, list all officers, or directors whose relationship with the corporation terminated within **one year** immediately preceding the commencement of this case.

NAME AND ADDRESS

TITLE

DATE OF TERMINATION

23 . Withdrawals from a partnership or distributions by a corporation

None

If the debtor is a partnership or corporation, list all withdrawals or distributions credited or given to an insider, including compensation in any form, bonuses, loans, stock redemptions, options exercised and any other perquisite during **one year** immediately preceding the commencement of this case.

NAME & ADDRESS OF RECIPIENT, RELATIONSHIP TO DEBTOR

DATE AND PURPOSE OF WITHDRAWAL

AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY

24. Tax Consolidation Group.

None

If the debtor is a corporation, list the name and federal taxpayer identification number of the parent corporation of any consolidated group for tax purposes of which the debtor has been a member at any time within **six years** immediately preceding the commencement of the case.

NAME OF PARENT CORPORATION

TAXPAYER IDENTIFICATION NUMBER (EIN)

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Q.

25. Pension Funds.

None

If the debtor is not an individual, list the name and federal taxpayer-identification number of any pension fund to which the debtor, as an employer, has been responsible for contributing at any time within **six years** immediately preceding the commencement of the case.

NAME OF PENSION FUND

TAXPAYER IDENTIFICATION NUMBER (EIN)

* * * * * *

DECLARATION UNDER PENALTY OF PERJURY BY INDIVIDUAL DEBTOR

I declare under penalty of perjury that I have read the answers contained in the foregoing statement of financial affairs and any attachments thereto and that they are true and correct.

Date June 23, 2015

Signature /s/ Shanta R Evans
Shanta R Evans
Debtor

Penalty for making a false statement: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571

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B8 (Form 8) (12/08)

United States Bankruptcy Court Northern District of Illinois

			301100 01 11111015			
In re	Shanta R Evans				Case No.	
			Debtor(s)	Chapter	7	
	CHAPTER 7	INDIVIDUAL DEBTO	OR'S STATEMENT	OF INTEN	ITION	
PART	A - Debts secured by property	v of the estate (Part A r	nust be fully complet	ed for EAC	H debt which is secured by	
	property of the estate. Attac				deet winen is seeded eg	
Proper	ty No. 1					
G 114	1 N		D 11 D 4 G	· D.I.		
Titlema	tor's Name:		Describe Property S 2004 Pontiac Grand F			
Titlerite			2004 i Onliac Grana i	11% 144,0001	Tilles	
Proper	ty will be (check one):		•			
	Surrendered	Retained				
If retai	ning the property, I intend to (che	eck at least one):				
	Redeem the property	ock at least one).				
	Reaffirm the debt					
	☐ Other. Explain (for example, avoid lien using 11 U.S.C. § 522(f)).					
D	4 (1		-			
-	ty is (check one):		□ N. (.1			
	Claimed as Exempt		☐ Not claimed as exe	empt		
DADE	D D 1 . 1'	· 11 (A11.1	1 CD (D	.1 1.	1.6 1 11	
	B - Personal property subject to unadditional pages if necessary.)	inexpired leases. (All three	e columns of Part B mu	st be complet	ed for each unexpired lease.	
Auacii	additional pages if necessary.)					
Proper	ty No. 1					
_	1 NT	D "1 T 1D		T '11.1	A 1	
-NONE	r's Name: -	Describe Leased Pro	operty:	U.S.C. § 365	e Assumed pursuant to 11	
INOINE	-			□ YES	D(p)(2). □ NO	
				LILS		
	re under penalty of perjury tha		intention as to any pr	operty of my	estate securing a debt and/or	
person	al property subject to an unexp	ired lease.				
D .	luna 22, 2045	a.	/a/ Chanta D. Tuar-			
Date _	June 23, 2015	Signature	/s/ Shanta R Evans Shanta R Evans			
			Shanta K Evans			

Debtor

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United States Bankruptcy Court Northern District of Illinois

In r	re Shanta R Evans		Case No.		
		Debtor(s)	Chapter	7	
		OMPENSATION OF ATTORN		• •	
1.	Pursuant to 11 U.S.C. § 329(a) and Bankruptcy compensation paid to me within one year before be rendered on behalf of the debtor(s) in contents.	e the filing of the petition in bankruptcy, or	r agreed to be paid	to me, for services rendered or to	
				1,250.00	
	Prior to the filing of this statement I have n	received	\$	0.00	
	Balance Due		\$	1,250.00	
2.	The source of the compensation paid to me was	3:			
	■ Debtor □ Other (specify):				
3.	The source of compensation to be paid to me is	s:			
	■ Debtor □ Other (specify):				
4. I have not agreed to share the above-disclosed compensation with any other person unless they are members and				bers and associates of my law firm.	
	☐ I have agreed to share the above-disclosed copy of the agreement, together with a list of				
5.	In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:				
	a. Analysis of the debtor's financial situation, ab. Preparation and filing of any petition, schedc. Representation of the debtor at the meetingd. [Other provisions as needed]	lules, statement of affairs and plan which m	nay be required;		
6.	By agreement with the debtor(s), the above-disc	closed fee does not include the following se	ervice:		
		CERTIFICATION			
this	I certify that the foregoing is a complete statement bankruptcy proceeding.	ent of any agreement or arrangement for pa	lyment to me for re	epresentation of the debtor(s) in	
Date	ed: June 23, 2015	/s/ Joseph Weiler			
		Joseph Weiler 63011			
		Robert J. Semrad & 20 S. Clark Street	Associates, LLC		
		28th Floor			
		Chicago, IL 60603	(040) 040 0004		
		(312) 913 0625 Fax	, ,	i	

CONTRACT FOR LEGAL SERVICES FOR REPRESENTATION IN A CHAPTER 7 BANKRUPTCY CASE

I do hereby retain the law firm of ROBERT J. SEMRAD & ASSOCIATES, LLC to represent my legal interests solely in a Bankruptcy case filed under Chapter 7 of the United States Bankruptcy Code. I further understand that this representation DOES NOT INCLUDE defending my interests in any adversary proceeding filed against me nor does this representation cover state court proceedings or criminal litigation.

I understand that Robert J. Semrad & Associates is not going to charge me for time spent prior to the filing of my Chapter 7 case preparing and filing my petition. I also understand that Robert J. Semrad & Associates may incur costs for such items as credit reports and tax transcripts for which it will not seek reimbursement.

After the bankruptcy case is filed, I understand that I will be presented with a second retainer agreement to pay Robert J. Semrad & Associates \$1,250.00 attorney fees plus any necessary post-petition costs to represent my interests including preparation and amendment, if necessary, of schedules; preparation and attendance of the Section 341 Meeting of Creditors; review and attendance, if necessary, to motions for stay relief; review of any redemption agreements; review of any reaffirmation agreements; case administration and monitoring, motions to reopen, if necessary, as well as a post discharge review of my credit report to ensure accurate reporting. I further understand and agree that additional professional legal services will result in additional fees that are due ROBERT J. SEMRAD & ASSOCIATES, LLC. Some of the additional services and fees are as follows:

Representation in an Adversary Proceeding. \$350.00/hr.
Adding additional bills \$30.00
Motion to Reopen and Avoid Lien \$1000.00

I have been presented to two options regarding the filing fees of \$335.00 payable to the Bankruptcy Court. I have elected to either,

- 1. Pay the costs directly to the bankruptcy court either all at once, or apply to pay these costs in installments; or
- 1. Request that the firm pay these costs on my behalf after filing for which it will seek reimbursement from me.

I understand that once my bankruptcy is filed, I will not be legally obligated to pay any fees to Robert J. Semrad & Associates LLC. If any fees are owed to Robert J. Semrad & Associates and not paid as of the filing of the bankruptcy, they will be discharged in the bankruptcy and may not be collected by Robert J. Semrad & Associates LLC or it assignees. After my bankruptcy is filed, I may sign a second retainer agreement promising to pay fees for the remainder of my representation in consideration of services to be performed by Robert J. Semrad & Associates after the filing of my bankruptcy. I understand that I will be under no obligation to do so and can refuse to sign such an agreement. However, Robert J. Semrad & Associates LLC reserves the right to withdraw from my representation in the event that I do not sign a second retainer within 10 days after the filing of my case. I have been advised that I

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have a right to consult other counsel before I sign the second retainer. Further, if I do not wish for Robert J. Semrad & Associates to represent me, I always have the right to seek any other legal counsel.

I further understand that the fee of to be paid pursuant to the terms of this Contract is a flat fee, and that this fee shall immediately become the property of Robert J. Semrad & Associates, LLC in exchange for a commitment by Robert J. Semrad & Associates, LLC to provide the legal services described above. Said funds will be deposited into the main bank account owned by Robert J. Semrad & Associates, LLC and will be used for general expenses of the firm.

As ROBERT J. SEMRAD & ASSOCIATES, LLC has duties to me as its client, I likewise have responsibilities. I agree to fully cooperate with ROBERT J. SEMRAD & ASSOCIATES, LLC. This includes, but is not limited to, providing ROBERT J. SEMRAD & ASSOCIATES, LLC with all information necessary and related to my bankruptcy case. In addition, I must attend all scheduled Court hearings and meetings.

I understand that I am to notify my creditors of my bankruptcy case once my Chapter 7 case is filed. I understand that ROBERT J. SEMRAD & ASSOCIATES, LLC is not liable or responsible for any illegal collection actions taken by my creditors once my case is filed.

I also understand that, if I am filing a joint case, the use of the personal pronouns "I", "me" or "my" are binding upon each signatory individually. I also understand that the laws of the State of Illinois are applicable to enforcement of this contract. Moreover, any change in this Contract is null and void unless it is in writing and signed by ROBERT J. SEMRAD & ASSOCIATES, LLC or an agent thereof.

Date: 6/22/15

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Clions

Attorney

Shanta Evans Matter Number 442428-001 Initial X (0/22/15

UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF ILLINOIS

NOTICE TO CONSUMER DEBTOR(S) UNDER § 342(b) OF THE BANKRUPTCY CODE

In accordance with § 342(b) of the Bankruptcy Code, this notice to individuals with primarily consumer debts: (1) Describes briefly the services available from credit counseling services; (2) Describes briefly the purposes, benefits and costs of the four types of bankruptcy proceedings you may commence; and (3) Informs you about bankruptcy crimes and notifies you that the Attorney General may examine all information you supply in connection with a bankruptcy case.

You are cautioned that bankruptcy law is complicated and not easily described. Thus, you may wish to seek the advice of an attorney to learn of your rights and responsibilities should you decide to file a petition. Court employees cannot give you legal advice.

Notices from the bankruptcy court are sent to the mailing address you list on your bankruptcy petition. In order to ensure that you receive information about events concerning your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address. If you are filing a **joint case** (a single bankruptcy case for two individuals married to each other), and each spouse lists the same mailing address on the bankruptcy petition, you and your spouse will generally receive a single copy of each notice mailed from the bankruptcy court in a jointly-addressed envelope, unless you file a statement with the court requesting that each spouse receive a separate copy of all notices.

1. Services Available from Credit Counseling Agencies

With limited exceptions, § 109(h) of the Bankruptcy Code requires that all individual debtors who file for bankruptcy relief on or after October 17, 2005, receive a briefing that outlines the available opportunities for credit counseling and provides assistance in performing a budget analysis. The briefing must be given within 180 days before the bankruptcy filing. The briefing may be provided individually or in a group (including briefings conducted by telephone or on the Internet) and must be provided by a nonprofit budget and credit counseling agency approved by the United States trustee or bankruptcy administrator. The clerk of the bankruptcy court has a list that you may consult of the approved budget and credit counseling agencies. Each debtor in a joint case must complete the briefing.

In addition, after filing a bankruptcy case, an individual debtor generally must complete a financial management instructional course before he or she can receive a discharge. The clerk also has a list of approved financial management instructional courses. Each debtor in a joint case must complete the course.

2. The Four Chapters of the Bankruptcy Code Available to Individual Consumer Debtors

Chapter 7: Liquidation (\$245 filing fee, \$75 administrative fee, \$15 trustee surcharge: Total Fee \$335)

Chapter 7 is designed for debtors in financial difficulty who do not have the ability to pay their existing debts. Debtors whose debts are primarily consumer debts are subject to a "means test" designed to determine whether the case should be permitted to proceed under chapter 7. If your income is greater than the median income for your state of residence and family size, in some cases, the United States trustee (or bankruptcy administrator), the trustee, or creditors have the right to file a motion requesting that the court dismiss your case under § 707(b) of the Code. It is up to the court to decide whether the case should be dismissed.

Under chapter 7, you may claim certain of your property as exempt under governing law. A trustee may have the right to take possession of and sell the remaining property that is not exempt and use the sale proceeds to pay your creditors.

The purpose of filing a chapter 7 case is to obtain a discharge of your existing debts. If, however, you are found to have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge and, if it does, the purpose for which you filed the bankruptcy petition will be defeated.

Even if you receive a general discharge, some particular debts are not discharged under the law. Therefore, you may still be responsible for most taxes and student loans; debts incurred to pay nondischargeable taxes; domestic support and property settlement obligations; most fines, penalties, forfeitures, and criminal restitution obligations; certain debts which are not properly listed in your bankruptcy papers; and debts for death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs. Also, if a creditor can prove that a debt arose from fraud, breach of fiduciary duty, or theft, or from a willful and malicious injury, the bankruptcy court may determine that the debt is not discharged.

<u>Chapter 13</u>: Repayment of All or Part of the Debts of an Individual with Regular Income (\$235 filing fee, \$75 administrative fee: Total Fee \$310)

Chapter 13 is designed for individuals with regular income who would like to pay all or part of their debts in installments over

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Form B 201A, Notice to Consumer Debtor(s)

Page 2

a period of time. You are only eligible for chapter 13 if your debts do not exceed certain dollar amounts set forth in the Bankruptcy Code.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, using your future earnings. The period allowed by the court to repay your debts may be three years or five years, depending upon your income and other factors. The court must approve your plan before it can take effect.

After completing the payments under your plan, your debts are generally discharged except for domestic support obligations; most student loans; certain taxes; most criminal fines and restitution obligations; certain debts which are not properly listed in your bankruptcy papers; certain debts for acts that caused death or personal injury; and certain long term secured obligations.

Chapter 11: Reorganization (\$1,167 filing fee, \$550 administrative fee: Total Fee \$1,717)

Chapter 11 is designed for the reorganization of a business but is also available to consumer debtors. Its provisions are quite complicated, and any decision by an individual to file a chapter 11 petition should be reviewed with an attorney.

Chapter 12: Family Farmer or Fisherman (\$200 filing fee, \$75 administrative fee: Total Fee \$275)

Chapter 12 is designed to permit family farmers and fishermen to repay their debts over a period of time from future earnings and is similar to chapter 13. The eligibility requirements are restrictive, limiting its use to those whose income arises primarily from a family-owned farm or commercial fishing operation.

3. Bankruptcy Crimes and Availability of Bankruptcy Papers to Law Enforcement Officials

A person who knowingly and fraudulently conceals assets or makes a false oath or statement under penalty of perjury, either orally or in writing, in connection with a bankruptcy case is subject to a fine, imprisonment, or both. All information supplied by a debtor in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the United States Trustee, the Office of the United States Attorney, and other components and employees of the Department of Justice.

WARNING: Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information regarding your creditors, assets, liabilities, income, expenses and general financial condition. Your bankruptcy case may be dismissed if this information is not filed with the court within the time deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court. The documents and the deadlines for filing them are listed on Form B200, which is posted at http://www.uscourts.gov/bkforms/bankruptcy forms.html#procedure.

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B 201B (Form 201B) (12/09)

United States Rankruntey Court

		Northern District of Illinois	ıı		
In re	Shanta R Evans		Case No.		
		Debtor(s)	Chapter	7	
		OF NOTICE TO CONSUME 2(b) OF THE BANKRUPTC	`	S)	
Code.	I (We), the debtor(s), affirm that I (we) have	Certification of Debtor e received and read the attached notion	ce, as required by	§ 342(b) of the Bankrup	tcy
Shanta	a R Evans	X /s/ Shanta R Eva	ns	June 23, 2015	
Printed	d Name(s) of Debtor(s)	Signature of Deb	tor	Date	
Case No. (if known)		X			
		Signature of Join	t Debtor (if any)	Date	

Instructions: Attach a copy of Form B 201 A, Notice to Consumer Debtor(s) Under § 342(b) of the Bankruptcy Code.

Use this form to certify that the debtor has received the notice required by 11 U.S.C. § 342(b) only if the certification has NOT been made on the Voluntary Petition, Official Form B1. Exhibit B on page 2 of Form B1 contains a certification by the debtor's attorney that the attorney has given the notice to the debtor. The Declarations made by debtors and bankruptcy petition preparers on page 3 of Form B1 also include this certification.

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United States Bankruptcy Court Northern District of Illinois

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In re	Shanta R Evans		Case No.	
		Debtor(s)	Chapter 7	
	VE	RIFICATION OF CREDITOR N	MATRIX	
		Number o	f Creditors:	58
	The above-named Debtor(s) (our) knowledge.	hereby verifies that the list of credi	tors is true and correct	to the best of my
Date:	June 23, 2015	/s/ Shanta R Evans Shanta R Evans		

A/r Conceptase 15-21579 Doc 1
18-3 E Dundee Rd

Barrington, IL 60010

Doc 1

File 100/23/15ti Entered 106/23/15er2/11595wa Descrimanial Inc

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Salt Lake City, UT 84127

Chicago, IL 60601 221 N LaSalle St Ste 1000

Chicago, IL 60601

Aes/pheaafrn ER Solutions/Convergent Outscharteiwngf,ifiNCl
Po Box 61047 Po Box 9004 Po Box 3257
Harrisburg, PA 17106 Renton, WA 98057 Saginaw, MI Saginaw, MI 48605

Aes/pheaafrn Escallate Llc Gatewyfinsol
Po Box 61047 5200 Stoneham Rd Po Box 3257
Harrisburg, PA 17106 North Canton, OH 44720 Saginaw, MI 48605

Afni, Inc. Fed Loan Serv Lighthouse Financial Po Box 3097 Po Box 60610 c/o Darren Besic Bloomington, IL 61702 Harrisburg, PA 17106 5 East Wilson St Batavia, IL 60510

Arnoldharris Fed Loan Serv Med Business Bureau 111 West Jackson B Po Box 60610 Po Box 1219 Chicago, IL 60604 Harrisburg, PA 17106 Park Ridge, IL 60068

Calvary Portfolio Services Fed Loan Serv Med Business Bureau Attention: Bankruptcy DepartmenBox 60610 Po Box 1219 500 Summit Lake Dr. Suite 400 Harrisburg, PA 17106 Park Ridge, IL 60068 Valhalla, NY 10595

Cda/pontiac Fed Loan Serv Med Business Bureau Attn:Bankruptcy Po Box 60610 Po Box 1219 Po Box 213 Harrisburg, PA 17106 Park Ridge, IL 60068 Streator, IL 61364

Cda/pontiac
Attn:Bankruptcy
Po Box 213 Fed Loan Serv Po Box 60610 Harrisburg, PA 17106 Med Business Bureau Po Box 1219 Park Ridge, IL 60068 Po Box 213 Streator, IL 61364

Cda/pontiac Attn:Bankruptcy First National Collect Med Business Bureau 610 Waltham Way Po Box 1219 Sparks, NV 89434 Park Ridge, IL 60068 Park Ridge, IL 60068 Po Box 213 Streator, IL 61364

Cr England First Premier Bank Med Business Bureau 4701 W 2100 South 3820 N Louise Ave Po Box 1219 Salt Lake City, UT 84120 Sioux Falls, SD 57107 Park Ridge, IL 60068

Med Busine Base P15-21579 Doc 1 Po Box 1219 Park Ridge, IL 60068	ዓመር ነው ነው ነው ነው ነው። የተመሰመ ነው	2:Y1:35 0n DescaMain al Servi 1900 W Severs Rd La Porte, IN 46350
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Omega Rms 7505 W Tiffany Spr Kansas City, MO 64153	Vision Financial Servi 1900 W Severs Rd La Porte, IN 46350	